



**THE VILLAGE OF GREENWICH, STATE OF OHIO  
INCOME TAX DEPARTMENT**

45 Main Street  
Greenwich, OH 44837  
(419) 752-2441 -- Phone \*\* (419) 752-1903 – Fax

**UNDER 18 REFUND REQUEST FORM**

I am filing this form as a resident under 18 years of age as of December 31 during calendar year(s) \_\_\_\_\_.

Gross wages earned for above year(s): \$ \_\_\_\_\_

Greenwich tax withheld for above year(s): \$ \_\_\_\_\_

I am attaching a copy of my W-2(s): Yes \_\_\_\_\_ No \_\_\_\_\_

I am attaching a copy of my driver's license or birth certificate: DL \_\_\_\_\_ BC \_\_\_\_\_

**W-2 along with proof of age MUST BE PROVIDED IN ORDER TO RECEIVE REFUND**

**Mail Refund To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age as December 31: \_\_\_\_\_

**The undersigned hereby request under the authority of Chapter 881.03 (2)(N), Imposition of Tax, a refund for overpayment of income tax due to student status. I hereby certify the above information is true and correct.**

\_\_\_\_\_  
(Signature)

**OFFICE USE ONLY**

**Employer Name:** \_\_\_\_\_ **Withholding Account #:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Tax Year:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

**Date Refund Check Requested:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Refund Check #:** \_\_\_\_\_ **Refund Check Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_