

City of Celina
Office of Tax Administrator
225 N. Main St. P. O. Box 117
Celina, OH 45822-0017

Roxann Shaffer
Tax Administrator

Telephone (419) 586-2594
www.ci.celina.oh.us

Jodi Zimmerman
Account Clerk

Application for Celina Tax Refund

SS# : ____/____/____

NAME: _____

ADDR: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ - _____ - _____

(X) To indicate reason for refund

1. ____ Under age 18 during tax year. Birthdate: ____/____/____
 2. ____ Non-Resident - ____% for time out of taxing jurisdiction. (attach employer letter)
 3. ____ Non-Resident – Employer withheld in error. (attach employer letter)
 4. ____ Other – Must give full explanation: _____
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Note: The above line items # 2, 3 and 4 must have a letter from the employer (as the Withholding agent) verifying the percentage of time worked outside city of Celina as a non-resident.

Required; Copy of Federal W-2 / showing city tax withheld
Confirmation letter from employer

Amount of Refund \$ _____ x _____
(Applicants signature)

x _____
(Supervisor)