

City of Celina
Office of Tax Administrator
225 N. Main St. P. O. Box 117
Celina, OH 45822-0017
Telephone (419) 586-2594
WWW.CELINAOHIO.ORG

Roxann Shaffer
Tax Administrator

Jodi Zimmerman
Account Clerk

Application for Celina Tax Refund

SS#: _____/_____/_____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ - _____ - _____

(X) To indicate reason for refund

1. Under age 18 during tax year. Copy of W-2(s) showing city tax withheld and proof of date of birth required
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: _____

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)