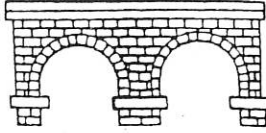


Village of Bellaire

Income Tax Department

3197 Belmont Street
Bellaire, OH 43906
740-676-2710
FAX: 740-671-6055



Janice M. Sable
Administrator

REFUND REQUEST FORM

DATE _____

TAX YEAR _____

THIS IS TO CERTIFY THAT WE HAVE DEDUCTED FROM:

EMPLOYEE'S NAME _____

CURRENT ADDRESS _____

TOTAL EARNINGS AMOUNTING TO \$ _____

THIS EMPLOYEE WORKED APPROXIMATELY _____ % OF TIME IN BELLAIRE.

(A COPY OF W-2 MUST BE ATTACHED)

CERTIFICATION OF EMPLOYER: (Must be completed by employer only)

EMPLOYER

BY: _____

(Title)

Date _____ Fed.# _____ Phone _____

I/We hereby certify the statements made herein and the information provided are true and correct during the period for which said employee makes claim.