

FOR TAX OFFICE
USE ONLY:
YEAR: _____
ACCT: _____

CITY OF GREENVILLE

APPLICATION FOR ADJUSTMENT OF CITY TAX (Form AFA-INT)

TO BE FILLED IN BY EMPLOYEE:

Employee name _____

Address (your check will be sent here) _____

Employee Social Security Number _____ Employee Phone# _____

I hereby certify that I have kept a true and accurate record of my services performed for: _____
_____ for the year beginning _____ and ending _____
and can verify that the percentage of my time worked outside the City of Greenville was _____%. I further
certify that during the above period, I was **not** a resident of said Greenville, Ohio.

By signing this form, I authorize the City of Greenville to contact the employer representatives regarding this
adjustment request.

Employee signature _____ Date _____

EMPLOYER'S CERTIFICATION:

(Note: Section 1 and 2 both should be completed. If personnel/payroll and supervisor are one in the same, complete only Section 1)

1. _____ (Name of authorized personnel/payroll) _____ (Personnel/payroll signature) _____ (Date)

_____ (Phone number) _____ (Extension)

2. _____ (Name of supervisor) _____ (Supervisor signature) _____ (Date)

_____ (Phone number) _____ (Extension)

REFUND WILL NOT BE ISSUED WITHOUT W-2 FORM AND AUTHORIZED SIGNATURES.

SEND COMPLETED FORM TO: INCOME TAX DEPARTMENT
100 PUBLIC SQUARE
GREENVILLE, OH 45331

QUESTIONS? Call 937-548-5747 Monday – Friday 8:00 a.m. to 4:30 p.m.

DO NOT WRITE IN SPACE BELOW; FOR TAX OFFICE USE ONLY

REFUND YEAR _____ APPROVED BY _____

REFUND AMOUNT \$ _____ REF. # _____