



DECLARATION OF EXEMPTION

City of Port Clinton
 Income Tax Department
 1868 E Perry Street
 Port Clinton, OH 43452
 (419) 734-5522, option 4
 (419) 732-6558, Fax
www.portclinton.com

Do NOT use this form as an application for a refund

YOUR NAME	SOCIAL SECURITY NUMBER
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SPOUSE'S NAME (INCLUDING PRIOR NAMES)	SPOUSE'S SSN
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ADDRESS

I AM NOT REQUIRED TO FILE A CITY TAX RETURN BECAUSE:

- | | | |
|---|-----------------------|--------------------------|
| 1. I was UNDER 18 years of age for the entire year.
(attach copy of birth certificate or driver's license) | DATE OF BIRTH | <input type="text"/> |
| 2. I am RETIRED and receiving only pension income or other nontaxable income for the year. | DATE RETIRED | <input type="text"/> |
| 3. I did not reside in the city of Port Clinton for the entire year of _____ | DATE OF MOVE | <input type="text"/> |
| 4. Taxpayer is DECEASED. | DATE OF DEATH | <input type="text"/> |
| 5. I had NO TAXABLE INCOME for the entire year of _____
Income source (Social Security, Welfare, Etc.) _____ | (Check this box)..... | <input type="checkbox"/> |
| 6. I was a member of the ARMED FORCES, including the NATIONAL GUARD, of the UNITED STATES for the entire year. | (Check this box)..... | <input type="checkbox"/> |

SIGNATURE

I hereby declare the information supplied above to be true, correct, and complete.

 _____ Date _____
Your Signature

Spouse signature, if filing jointly Date _____