

Declaration of Exemption *ONLY for residents of Harrisburg*

*This form is **not** to be used as an Application for Refund.*

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME	FIRST NAME	INITIAL
SPOUSE'S FIRST NAME		INITIAL
PRESENT ADDRESS #	STREET	APT
CITY	STATE	ZIP

This exemption form may not be used by those engaged in business, including those receiving self-employment or rental income.

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

1. I was UNDER 18 years of age for the entire year. (Attach documentation) → DATE OF BIRTH: **1**
MO DAY YR
2. I am a retired person receiving only pension income or other nontaxable income for the year. → DATE RETIRED: **2**
MO DAY YR
3. I did not reside in the city/village of _____ for the entire year of _____. → DATE OF MOVE: **3**
MO DAY YR
4. Taxpayer is DECEASED. → DATE OF DEATH: **4**
MO DAY YR
5. I had NO TAXABLE INCOME for the entire year of _____. → (Check this Box)..... **5**
Income Source (Social Security, Welfare, etc.) _____ (Current Year Exempt Only)
6. I was a member of the ARMED FORCES, including the National Guard, of the UNITED STATES for the entire year. → (Check this Box)..... **6**
(This does not include civilians employed by the military). (Current Year Exempt Only)
7. I am FILING JOINTLY with my spouse...Whose name is: → **7**

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

Signature Date

Spouse's Signature Date

Phone

Mail completed form to:
COLUMBUS INCOME TAX DIVISION
50 W. Gay Street, 4th Floor
Columbus, Ohio 43215-9037