

**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**