



DECLARATION OF EXEMPTION For Tax Year _____

If you are not subject to Warren City Income Tax please complete this Declaration of Exemption and return it to the Income Tax Department.

REASON FOR EXEMPTION	
(See instructions for taxable, non-taxable income).	
<input type="checkbox"/> No income subject to tax	Reason _____
	Are you permanently retired? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date retired _____
<input type="checkbox"/> Nonresident for entire year	Date of move from _____
<input type="checkbox"/> Under 16 years of age	Date of birth _____
<input type="checkbox"/> Member of Armed Forces of U.S. (except civilian employed by Military or National Guard.)	
<input type="checkbox"/> Unemployed	No earned income for the entire tax year of _____
	Circle income source: Unemployment Welfare A.D.C.
	Other _____
 	
<p>You must qualify under one of the above exemptions to be exempt from the City Income Tax.</p>	

NAME and ADDRESS (Print, type or use label)

YOUR SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER
□□□□-□□-□□□□	□□□□-□□-□□□□
SIGN BELOW	
DECLARATION: I declare this information as true and complete.	
YOUR SIGNATURE	
TITLE	DATE
SPOUSE'S SIGNATURE (IF FILING JOINTLY BOTH MUST SIGN)	DATE