

City of Warren, Ohio  
Income Tax Division  
258 E Market St  
Warren, OH 44481  
Tom Letson, Treasurer  
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Administrator  
Telephone: 330.841.2551  
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[www.warren.org](http://www.warren.org)



# Individual Declaration of Exemption Tax Year: \_\_\_\_\_

This Exemption form may not be used by those engaged in business, including those receiving self-employment, Federal K-1 distributions or rental property located in The City of Warren

The City of Warren currently required mandatory filing of City tax returns. If you meet one of the following exemptions, the filing of this Declaration of Exemption will serve to meet the filing requirement.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Spouse's Social Security Number

\_\_\_\_\_  
Last Name                      First Name                      Initial

\_\_\_\_\_  
Spouse's Last Name                      First Name                      Initial

\_\_\_\_\_  
Present Address                      Apt #

\_\_\_\_\_  
City                      State                      Zip Code

Please circle one of the following and attach documentation when necessary                      Account# \_\_\_\_\_

1. I am permanently retired as of \_\_\_\_/\_\_\_\_/\_\_\_\_ (attach a copy of Federal Form 1040 page 1)
2. No Taxable income for all of the tax year \_\_\_\_\_. (circle one below)  
Unemployment      Welfare      ADC      Other: \_\_\_\_\_
3. I was under 16 years of age for the entire year of \_\_\_\_\_. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please attach documentation: copy of Birth Certificate or Driver's License)
4. Active Military Duty for the entire year of \_\_\_\_\_. (Excludes civilian employment)
5. I did not reside in the City of Warren for any part of the year. Date moved out of Warren: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please attach proof of move such as lease or proof of purchase date).
6. I am filing jointly with my spouse, \_\_\_\_\_ Social Security # \_\_\_\_\_
7. Taxpayer is deceased. Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_. (Please attach copy of death certificate).

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Mail completed form to:**  
**Warren City Income Tax**  
**PO Box 230**  
**Warren, OH 44482**  
Form may be faxed: 330.841.2626

(Instructions on reverse side)

## **INSTRUCTIONS FOR FORM DECLARATION OF EXEMPTION**

If you were a wage earner, were self-employed, owned rental property, had lottery or gambling winnings, or received a distribution from a partnership or s-corporation, you are not exempt from the mandatory filing requirement and may NOT use this form.

1. If you were retired for the entire year in question, receiving only pension income, social security income, and dividends or interest income and do not anticipate deriving any city taxable income, indicate so by filling in the date of your retirement.
2. If the taxpayer is not retired but did not receive any city taxable income for the year in question, circle the appropriate response and/or describe the nature of the income in the space provided. This exemption is for one year only. Form "Declaration of Exemption" must be completed for each subsequent year.
3. If you were under the age of sixteen (16) for the entire year in question, indicate so by filling in your date of birth. This exemption must be accompanied by proof of age (e.g. a photocopy of a birth certificate or driver's license showing date of birth. Parents of a Minor: If your child received earned income, and is under the age of 16, please circle #3 on the form, note the birth date, and submit above documentation.
4. If the taxpayer was an active member of the U.S. Armed Forces for the entire year in question, circle #4. Documentation verifying the dates of active duty status during the year in question must be attached. This exemption is for one year only and Form "Declaration of Exemption" must be completed for each subsequent year.
5. If the taxpayer did not reside in the City of Warren for which the exemption is being claimed at all during the year in question, indicate so by filling in the date the taxpayer moved in or out of the municipality. Please attach proof of move such as a copy of your current year municipal income tax return, most recent lease or proof of the purchase date of your new residence.
6. If the taxpayer has filed jointly with his/her spouse, indicate so by filling in the name of the spouse and provide his/her Social Security Number. If in a subsequent year, a married couple elects to file separately, it shall be the responsibility of each spouse to obtain and file a separate return.
7. If the taxpayer in question is deceased, the Executor of the taxpayer's estate should indicate the taxpayer's date of death and supply a copy of the death certificate.

In all cases where the taxpayer is eligible for exemption, the taxpayer must provide his/her social security number, name, address, and phone number.

This Exemption Form is not valid and will not be processed without the taxpayer's signature and date.

**WARREN CITY INCOME TAX DEPARTMENT**