

INDIVIDUAL DECLARATION OF EXEMPTION

Tax Year _____

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

FIRST NAME

M.I.

LAST NAME

SPOUSE'S FIRST NAME

M.I.

SPOUSE'S LAST NAME (IF DIFFERENT)

CURRENT STREET NUMBER

STREET NAME

CITY NAME

STATE

ZIP CODE

DAY PHONE

EVENING PHONE

I believe that I am not required to file a municipal income tax return for the year shown above because:

(Please CIRCLE the number of the statement that best applies to you)

- 1. I had **NO TAXABLE INCOME** for the entire year. (Enclose page 1 of your Federal Form 1040)
- 2. I was a member of the U. S. **ARMED FORCES** (including the National Guard) and had no other taxable income for all of the tax year. (Not including civilians employed by the military)
- 3. I was **UNDER AGE 18** for the entire year.

Date of Birth: MM / DD / YY

- 4. I am a **RETIRED** individual receiving only pension, social security, interest, or dividend income.

Date Retired: MM / DD / YY

- 5. Prior to January 1, I **MOVED** from Jamestown

Date of Move: MM / DD / YY

Previous Address _____
Street # and name City State Zip

- 6. Taxpayer is **DECEASED**.

Date of Death: MM / DD / YY

THE BELOW SIGNED DECLARES THAT THIS EXEMPTION IS TRUE, CORRECT, AND COMPLETE.

Taxpayer's Signature

DATE

Spouse's Signature

DATE