

MAIL TO: CITY OF TIFFIN
INCOME TAX DEPARTMENT
53 EAST MARKET STREET
P.O. BOX 518
TIFFIN, OH 44883

Phone: 419-448-5405
Fax: 419-448-5406
www.tiffinohio.gov

INDIVIDUAL DECLARATION OF EXEMPTION

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) _____

Address Number _____ Street Name _____

City _____ State _____ Zip Code _____

Day Phone _____ Evening Phone _____

I AM NOT REPORTING TAXABLE INCOME FOR TAXABLE YEAR _____ BECAUSE:

1. I had **NO TAXABLE INCOME** for the entire year of _____ (Attach a copy of page 1 of your Federal 1040 Form if filed) _____

2. I was a member of the **ARMED FORCES**, including the National Guard, of the United States for all of _____, and had no other taxable income. (This does not include civilians employed by the military). _____

3. I was **UNDER AGE 18** for all of _____ Date of Birth: _____
(Attach copy of birth certificate or driver's license).

4. I am a **RETIRED** individual receiving only pension, social security, interest, dividends or other non-taxable income For all of _____. Date Retired: _____
(Attach a copy of page 1 of your Federal 1040 Form).

5. Prior to January 1, _____, I moved from Tiffin. Date of Move: _____
(indicate previous address below)

Previous address _____

6. Taxpayer if deceased Date of Death: _____
(Please enclose copy of death certificate).

7. I am filing a _____ Tiffin City return jointly with my spouse. Spouse's SSN _____
Spouse's Name _____

THE ABOVE SIGNED DECLARES THAT THIS RETURN IS TRUE, CORRECT, AND COMPLETE FOR THE TAX YEAR _____.