

MAIL TO: CITY OF TIFFIN

P.O. BOX 518 TIFFIN, OH 44883

53 EAST MARKET STREET FAX: 419-448-5405
P.O. BOX 518 WEB: www.tiffinohio.gov EMAIL: Ineeley@tiffinohio.gov

INDIVIDUAL DECLARATION OF EXEMPTION

SOCIAL	SECURITY NUMBER		SPOUSE SOCIAL SECURITY N	UMBER	
FIRST NAME		_ MI	LAST NAME		
SPOUSE FIRST NAME MI		MI	SPOUSE LAST NAME		
CURRENT ADDRESS			CITY	STATE	ZIP CODE
DAYTIME PHONE NUMBER			EVENING PHONE NU	MBER	
I AM NOT REPORTING TAXABLE INCOME FOR 2019 BECAUSE:					
1	1 I had NO TAXABLE INCOME for the entire year of 2019. (Attach copy of page 1 of your Federal Form 1040, if filed, or list source of nontaxable income.				
2	I was a member of the ARMED FORCES , including the National Guard, of the United States for all of 2019, and had no other taxable income. (This does not include civilians employed by the military).				
3	I was UNDER THE AGE OF 18 for all of 20 (Attach copy of Birth Certificate or Drive			Date of Birth	
4	4 I am a RETIRED individual receiving only pension, social security, interest, dividends,				
	or other non-taxable income for all of 20)19		Date Retired	
	(Attach a copy of page 1 of your 2018 Federal Form 1040 if filed).				
5	Prior to January 1, 2019, I moved from T	iffin		Date of Move	
	(Indicate previous address below)				
	Previous Address				
6	Taxpayer is deceased			.Date of Death	
7 I am filing a 2019 Tiffin return jointly with my spouse					
			Spouse's Name		Spouse's SSN
Signatu	re Date		Spouse's Signature		Date

THE ABOVE SIGNED DECLARES UNDER PENALTY OF PERJURY THAT THIS RETURN IS TRUE, CORRECT AND COMPLETE FOR TAX YEAR 2019.