

MAIL TO: CITY OF TIFFIN

P.O. BOX 518 TIFFIN, OH 44883

INCOME TAX DEPARTMENT PHONE: 419-448-5405 53 EAST MARKET STREET FAX: 419-448-5406 WEB: www.tiffinohio.gov EMAIL: Ineeley@tiffinohio.gov

## INDIVIDUAL DECLARATION OF EXEMPTION

SOCIAL SECURITY NUMBER			SPOUSE SOCIAL SECURITY NUMBER		
FIRST N	AME	MI	LAST NAME		
SPOUSE	FIRST NAME	MI	SPOUSE LAST NAME		
CURREN	NT ADDRESS		CITY	STATE	_ ZIP CODE
DAYTIN	1E PHONE NUMBER		EVENING PHONE NU	MBER	
I AM I	NOT REPORTING TAXABLE	INCOME FOR 2	2020 BECAUSE:		
1	I had <b>NO TAXABLE INCOME</b> for Federal Form 1040, if filed, or	•	of 2020. (Attach copy of page axable income.	•	
2	I was a member of the <b>ARMED FORCES</b> , including the National Guard, of the United States for all of 2020, and had no other taxable income. (This does not include civilians employed by the military).				
3	I was <b>UNDER THE AGE OF 18</b> f (Attach copy of Birth Certificat			Date of Birth	
4	I am a <b>RETIRED</b> individual receiving only pension, social security, interest, dividends,				
		•		· ·	
	(Attach a copy of page 1 of yo				
5	Prior to January 1, 2020, I mov (Indicate previous address bel Previous Address	ow)		Date of Move	
6	Taxpayer is deceased			Date of Death_	
7	I am filing a 2020 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 2020.