

EX-1 Declaration of Exemption ONLY for residents of Harrisburg and Marble Cliff***This form is NOT to be used as an Application for Refund.***

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NO.

This exemption form may not be used by those engaged in business, including those receiving self-employment or rental income.

LAST NAME	FIRST NAME	INITIAL
SPOUSE'S FIRST NAME		INITIAL
STREET ADDRESS		APT
CITY	STATE	ZIP

I AM NOT REQUIRED TO FILE A CITY TAX RETURN BECAUSE:

1. I was UNDER 18 years of age for the entire year. _____ DATE OF BIRTH:

MO	DAY	YR
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1
(Attach documentation)
2. I am a retired person receiving only pension income or other nontaxable income for the year. _____ DATE RETIRED:

MO	DAY	YR
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2
3. I did not reside in the city/village of _____ DATE OF MOVE:

MO	DAY	YR
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3
for the entire year of _____
4. Taxpayer is DECEASED. _____ DATE OF DEATH:

MO	DAY	YR
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4
5. I had NO TAXABLE INCOME for the entire year of _____ (Check this Box)..... ☐ **5**
Income Source (Social Security, Welfare, etc.) _____ (Current Year Exempt Only)
6. I was a member of the ARMED FORCES, including the _____ (Check this Box)..... ☐ **6**
National Guard, of the UNITED STATES for the entire year. (This does not include civilians employed by the military). (Current Year Exempt Only)
7. I am FILING JOINTLY with my spouse whose name is: _____

7

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:

**COLUMBUS INCOME TAX DIV.
PO Box 182437
Columbus, Ohio 43218-2437**