Form **EX-1** City of Columbus, Income Tax Division

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.

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

0

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

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

1. I was UNDER 18 years of age for the entire year. (Attach documentation) → DATE OF BIRTH: _____ (MO DAY YR) **1**
2. I am a retired person receiving only pension income or other nontaxable income for the year. → DATE RETIRED: _____ (MO DAY YR) **2**
3. I did not reside in the city/village of _____ for the entire year of _____ → DATE OF MOVE: _____ (MO DAY YR) **3**
4. Taxpayer is DECEASED. → DATE OF DEATH: _____ (MO DAY YR) **4**
5. I had NO TAXABLE INCOME for the entire year of _____ → (Check this Box)..... ☐ (Current Year Exempt Only) **5**
   Income Source (Social Security, Welfare, etc.) _____
6. I was a member of the ARMED FORCES, including the National Guard, of the UNITED STATES for the entire year. (This does not include civilians employed by the military). → (Check this Box)..... ☐ (Current Year Exempt Only) **6**
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

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