

Individual Declaration of Exemption - The Municipality of Sebring Income Tax
135 East Ohio Avenue
Sebring, OH 44672

TAX YEAR _____

Full Name (First, Middle Initial, Last)

Social Security Number

Spouse's Full Name (First, Middle Initial, Last)

Spouse's Social Security Number

Street Address

City

State

Zip Code

Daytime Phone, Evening Phone or E-mail address (best way to reach you, if necessary)

Declaration of Exemption is requested due to the following:
Check the appropriate box.

- 1) I had NO TAXABLE INCOME for the entire year shown above. (Attach page 1 of your Federal Form 1040)
State your Income Source (Social Security, Assistance, etc) _____
- 2) I am a RETIRED individual receiving only pension income, social security or other nontaxable income for the entire year. Date retired _____
- 3) I was a member of the ARMED FORCES (including the National Guard) of the United States and had no other taxable income for the entire year shown above. (Does not include civilians employed by the military)
Current Year Exempt Only
- 4) I was UNDER 18 years of age for the entire year shown above. Date of Birth _____
(Attach a copy of your birth certificate or driver's license)
- 5) I DID NOT RESIDE in the Municipality of Sebring for the entire year. Date of Move _____
List the address, if different from above address _____
(Enclose proof of the address)
- 6) I am FILING JOINTLY with my spouse and their name and social security number are indicated above.
- 7) Taxpayer is DECEASED. (Enclose a copy of the Death Certificate) Date of Death _____

I hereby declare the information supplied above to be true, correct and complete.

Taxpayer's Signature

Date

Spouse's Signature

Date