

EXEMPT.1
FILE WITH:
 TALLMADGE TAX DEPT.
 P.O. BOX 35
 TALLMADGE, OH 44278-0035
 TELEPHONE: (330) 633-5599
 FAX: (330) 633-8835
 HOURS: MON.-FRI. 7:30 AM -4:00 PM

EXEMPTION FORM

FOR OFFICE ONLY

TALLMADGE CITY INCOME TAX RETURN -
 www.tallmadge-ohio.org/tax
FILE BY: _____

PRINT YOUR FULL NAME AND ADDRESS HERE

SOCIAL SECURITY #	
SPOUSE SOCIAL SECURITY #	
DATE MOVED IN OR OUT OF TALLMADGE	
IN / /	OUT / /
() _____ Phone Number	

PENALTY _____

**** ONLY EXEMPT INDIVIDUALS SHOULD COMPLETE, SIGN AND FILE THIS FORM-OTHERWISE YOU MUST FILE AN ANNUAL TALLMADGE INCOME TAX RETURN. JOINT ACCOUNT FILERS WHERE BOTH ARE EXEMPT MAY FILE THIS FORM.**

IF YOU QUALIFY UNDER ONE OF THE BELOW LISTED CATEGORIES, THE FILING OF THIS FORM WILL SATISFY YOUR OBLIGATION AS IMPOSED BY THE TALLMADGE INCOME TAX MANDATORY FILING ORDINANCE REQUIRING THE FILING OF AN ANNUAL CITY INCOME TAX RETURN. FAILURE TO FILE PENALTIES WILL BE ASSESSED IF FILED AFTER _____.

PART A I AM QUALIFIED TO FILE THIS EXEMPTION FORM BECAUSE (PLEASE CHECK ALL ITEMS THAT APPLY):

1. _____ Retired. I/we have no income subject to Tallmadge City Income Tax for **entire year** of _____. I/we receive only Social Security, Pension, Interest/divided income. I/we do not own rental property. I/we are not involved in any self-employed activity or received income for work/services rendered.

Date retired: _____ Employer name at retirement: _____

2. _____ Unemployed No taxable income for the **entire year** of _____. (Explain fully)

3. _____ Disabled 4. _____ Welfare* 5. _____ ADC* If lines 4 or 5 are checked (Enter Case #) _____ *

6. _____ Other-explain in detail: _____

7. _____ Active duty member of the Armed Forces of the United States for **entire year** of _____. I/we receive no other taxable income subject to Tallmadge City Income Tax. NOTE: Civilian employees of the military and/of National Guard are not exempt.

8. _____ Non-resident. I/we never lived in Tallmadge, Ohio I/we never received income from Tallmadge that was not subject to full withholding of Tallmadge Tax by employer(s).

9. _____ I/we moved from Tallmadge, Ohio before this tax year _____.

Date moved: _____ New Address: _____
Month Day Year (Street) (City) (State) (Zip)

10. _____ I was under 18 years of age for all of _____. Date of birth: ____ / ____ / ____ (Attach copy of birth certificate or driver's license)

11. _____ Other, must be fully explained: _____

I/we understand that I/we must file a City of Tallmadge, Ohio Income Tax Return if any of these exempt conditions change in future years. This is not a total exemption but is for the tax year _____ only.

PART B PENALTY FOR FAILURE TO FILE EXEMPTION FORM BY _____ (\$25.00)..... \$ _____

PART C I DECLARE THE INFORMATION SUPPLIED TO BE TRUE, CORRECT AND COMPLETE. ANY MISREPRESENTATION WILL BE IN VIOLATION OF THE CODIFIED ORDINANCES OF THE CITY OF TALLMADGE, OHIO AND SUBJECT TO PENALTIES THEREIN IMPOSED.

SIGNATURE OF TAXPAYER: _____ DATE: _____

SIGNATURE OF SPOUSE: _____ DATE: _____