

NAME and ADDRESS (Please print or type)

[Empty box for Name and Address]

Tax Year

[Empty box for Tax Year]

EXEMPTION CERTIFICATE

INCOME TAX DIVISION
1 CASCADE PLAZA- 11TH FLOOR
AKRON, OH 44308 -1 1 00

If you believe that you are not subject to the City Income Tax please complete this form and return it to our office.

SUBSEQUENT RECEIPT OF TAXABLE INCOME VOIDS THIS EXEMPTION CERTIFICATE

ACCOUNT NUMBER

[Empty box for Account Number]

YOUR SOCIAL SECURITY NUMBER

[Empty box for Your Social Security Number]

SPOUSE'S SOCIAL SECURITY NUMBER

[Empty box for Spouse's Social Security Number]

DAYTIME PHONE NUMBER

[Empty box for Daytime Phone Number]

I believe that I am not required to file a city income tax return for the year shown above because:

- Moved from city, Under 18 for entire year, Total disability, Retired individual receiving only pension, Surviving spouse receiving only pension, No taxable income for the entire year, Member of U.S. Armed Forces for entire year.

SIGN HERE DATE SPOUSE SIGNATURE

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