

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- SUITE 100

AKRON, OH 44308 -1161

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 DATE OF MOVE _____
- UNDER 18 FOR ENTIRE YEAR DATE OF BIRTH _____
- TOTAL DISABILITY DATE DISABLED _____
- RETIRED INDIVIDUAL RECEIVING ONLY PENSION, SOCIAL SECURITY, INTEREST, OR DIVIDEND INCOME _____
DATE RETIRED
THE COMPANY OR ORGANIZATION FROM WHICH YOU RETIRED: _____
- SURVIVING SPOUSE RECEIVING ONLY PENSION, SOCIAL SECURITY, INTEREST, OR DIVIDEND INCOME _____
- NO TAXABLE INCOME FOR THE ENTIRE YEAR. REASON:
- MEMBER OF U.S. ARMED FORCES FOR ENTIRE YEAR (THIS DOES NOT INCLUDE CIVILIANS EMPLOYED BY THE MILITARY OR NATIONAL GUARD)

SIGN HERE _____ DATE _____ SPOUSE SIGNATURE _____

Rev 2/21

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