

Lakeview Department of Taxation  
PO Box 105  
Lakeview, Ohio 43331-0105

Phone: 937-843-3140  
Fax: 937-843-6009

**Complete this form in it's entirety and return to the above address before April 17, 2018**

**INDIVIDUAL DECLARATION OF EXEMPTION**

**TAX YEAR** \_\_\_\_\_

\_\_\_\_\_  
First Name MI Last Name SS# \_\_\_\_\_

\_\_\_\_\_  
Spouse First Name MI Spouse last name SS# \_\_\_\_\_

\_\_\_\_\_  
Physical address

\_\_\_\_\_  
Mailing Address

**I LIVE IN A MANDATORY FILING CITY AND I AM NOT REQUIRED TO PAY CITY INCOME TAX BECAUSE:**

- 1.  RETIRED, receive only pension, social security, interest or dividend income.
- 2.  ACTIVE MEMBER OF THE ARMED FORCES OF THE UNITED STATES (Including the National Guard) AND HAD NO OTHER INCOME FOR THE ENTIRE YEAR.(This does not include civilians employed by the Military.)
- 3.  UNDER 18 FOR THE ENTIRE YEAR.
- 4.  NO EARNED INCOME FOR THE ENTIRE YEAR. (Public Assistance, Unemployment, SSI, etc.)
- 5.  BUSINESS CLOSED OR RENTAL PROPERTY SOLD \_\_\_\_/\_\_\_\_/\_\_\_\_ (date)
- 6.  Taxpayer is DECEASED Date of Death \_\_\_\_\_
- 7.  I am filing jointly with: \_\_\_\_\_ SS# \_\_\_\_\_

**THE BELOW UNDERSIGNED DECLARES THAT THIS EXEMPTION IS TRUE, CORRECT, AND COMPLETE.**

\_\_\_\_\_  
Taxpayer's Signature Date

\_\_\_\_\_  
Spouse Signature Date