

EXEMPTION FORM - CITY OF CANFIELD INCOME TAX DEPARTMENT

104 Lisbon Street, Canfield OH 44406 ~ 330-533-1101

The City of Canfield has mandatory filing. All individuals 18 and over must file taxes whether or not a tax is owed. Those individuals who are retired and have no income which is taxable to the City of Canfield may complete an individual exemption form in lieu of completing a City of Canfield income tax return. If said individual's tax status changes they are required to advise the income tax department and again file a tax return. The information requested below is confidential and will only be used by the Income Tax Department. Please answer all the questions and return this form to the Income Tax Department at the above address. Thank you.

Your name Social Security # Home Phone Cell Phone

Spouse's name Social Security # Home Phone Cell Phone

House Number & Street Address City, State & Zip Code

REASON FOR EXEMPTION REQUEST for calendar year _____:

1. Taxpayer is deceased. Date of Death: _____ - _____ - _____

2. I did not reside in the City the entire year. Date of Move: _____ - _____ - _____

My place of residence was (give complete address): _____

3. I was under 18 years of age the entire year. Date of Birth: _____ - _____ - _____

4. I am retired only receiving pension income. Date Retired: _____ - _____ - _____

5. I had no taxable income for the entire year (List source of income Social Security, Welfare, etc.). Check here: _____

6. I was a member of the Armed Forces of the United States including the National Guard for the entire year. This does not apply to civilians employed by the military. Check Here: _____

7. I am filing jointly with my spouse whose name is _____ Account #: _____

8. Have you ever filed a City of Canfield Income Tax Return? _____

9. If yes, account number _____ 10. Year last filed _____

11. List any other individuals 18 or over who reside at this residence (use back if necessary):

Name _____ SSN# _____

Name _____ SSN# _____

12. If renting, give name and complete address & phone number of landlord:

13. YOUR SIGNATURE _____ Date signed _____