

**CITY OF WAVERLY
INCOME TAX**

Declaration of Exemption From Filing

SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER
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Name:		
Spouse's Name:		
Present Address	Street	Apt.
City	State	Zip

This exemption form may not be used by those engaged in business, including those receiving self-employment or rental income.

I AM NOT REQUIRED TO FILE A CITY TAX RETURN BECAUSE:

- | | |
|---|----------------------|
| 1. I am a retired person receiving only <u>pension income</u> | DATE RETIRED: _____ |
| 2. Taxpayer is DECEASED | DATE OF DEATH: _____ |
| 3. My spouse is retired receiving only <u>pension income</u> | DATE RETIRED: _____ |
| 4. My spouse is DECEASED | DATE OF DEATH: _____ |
| 5. I had NO TAXABLE INCOME for the entire year | |

Income Source: _____
Social Security, Welfare Payments, Disability, Alimony, Other (please explain)

I hereby declare the information supplied above to be true, correct and complete.

Signature

Date

Spouse's Signature

Date

Phone No.

Mail completed form to:
City of Waverly
Division of Taxation
P.O. Box 427
201 W. North St.
Waverly, OH 45690