

# EXEMPTION FORM 2010

(See General Information)

## CITY OF CANTON INCOME TAX DEPARTMENT

P.O. Box 9951  
Canton, Ohio 44711

You may not be required to file a city income tax return. Complete this form and return it to our office by April 18th, **and you will not be considered a delinquent taxpayer.**

ACCOUNT # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

**Upon turning 65 years old, please submit this form and proof of age.  
(Copy of Birth Certificate, Driver's License)**

Please indicate birthdate: Yours \_\_\_\_\_

Spouse \_\_\_\_\_

I am not required to file a 2010 return because:

1. My sole income is derived from the following source(s):

- A. ☐ Social Security Benefits
- B. ☐ Pension
- C. ☐ Interest Income
- D. ☐ Dividend Income
- E. ☐ Total Permanent Disability
- F. ☐ Workers Compensation
- G. ☐ Alimony
- H. ☐ No Income
- I. ☐ Other (Please Explain) \_\_\_\_\_

- J. ☐ Military Service
- K. ☐ A.D.C.
- L. ☐ General Public Assistance
- M. ☐ Unemployment Compensation
- N. ☐ 65 yrs. old or older with wages, commission or other compensation earning less than \$10,000.
- \* O. ☐ 65 yrs. old or older with rental and/or business activity earning less than \$10,000. (Attach Schedule E and/or Schedule C as filed.)

2. Taxpayer Deceased in previous year

Date Deceased \_\_\_\_\_

3. Did not live in city of Canton in previous year.

Date Moved Out \_\_\_\_\_

I CERTIFY I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE IT IS TRUE, CORRECT, AND COMPLETE.

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

\*PLEASE NOTE: The Exemption Form may be used only if a senior citizen's net income is less than ten thousand dollars (\$10,000). Seniors will need to continue filing tax returns or Exemption Forms as long as they engage in rental and/or business activity.