

EXEMPTION FORM 2016

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 if there is no taxable income so your account can be closed. (Copy of Birth Certificate, Driver's License) - Required

Please indicate birthdate: Yours _____

Spouse _____

I am not required to file a 2016 return because:

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

- | | |
|--|---|
| A. <input type="checkbox"/> Social Security Benefits | J. <input type="checkbox"/> Military Service |
| B. <input type="checkbox"/> Pension | K. <input type="checkbox"/> A.D.C. |
| C. <input type="checkbox"/> Interest Income | L. <input type="checkbox"/> General Public Assistance |
| D. <input type="checkbox"/> Dividend Income | M. <input type="checkbox"/> Unemployment Compensation |
| E. <input type="checkbox"/> Total Permanent Disability | <input type="checkbox"/> |
| F. <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> |
| G. <input type="checkbox"/> Alimony | <input type="checkbox"/> |
| H. <input type="checkbox"/> No Income | |
| I. <input type="checkbox"/> Other (Please Explain) | |
- _____

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 _____