

DECLARATION OF EXEMPTION

VILLAGE OF WEST JEFFERSON

Income Tax Department

28 EAST MAIN STREET

WEST JEFFERSON OH 43162

Phone 614-879-9757 ~~ Fax 614-879-5338

Email: rarnott@westjeffersonohio.gov

*Social Security Number/Account Number _____

*Last Name _____ *First Name _____ Initial _____

*Spouse's First Name _____ Initial _____ Social Security Number _____

*Present Address _____

*City _____ State _____ Zip Code _____

(See instructions on the reverse side)

1. _____ I was UNDER 18 years of age for the entire year.
(Attach copy of driver's license or birth certificate) **DATE OF BIRTH** ____/____/____

2. _____ I am a retired person receiving only pension income
or other non-taxable income for the year. **DATE RETIRED** ____/____/____

3. _____ I did not reside in the Village of West Jefferson for
any part of these year(s) _____ **DATE OF MOVE IN** ____/____/____
DATE OF MOVE OUT ____/____/____

4. _____ Taxpayer is DECEASED. **DATE OF DEATH** ____/____/____

5. _____ I had no TAXABLE INCOME for the entire year of _____.
Income Source _____.
(Social Security, Welfare, Unemployment, etc.)* See Instructions (Current Year Exempt Only)

6. _____ I was a member of the ARMED FORCES, including the National Guard, of the UNITED STATES for the
entire year. (This does not include civilians employed by military). (Current Year Exempt Only)

7. _____ I am residing in West Jefferson temporarily. I am domiciled in _____.
(Supporting documentation must be included)

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

*Signature _____ Date _____

Spouse's Signature _____ Date _____

*Phone _____

RETURN COMPLETED FORM TO OUR OFFICE BY MAIL, FAX OR EMAIL.

***Items that MUST be completed on this form.**