

CITY OF MORAINE  
 INCOME TAX DIVISION  
 4200 DRYDEN RD  
 MORAINE OH 45439  
[www.ci.moraine.oh.us](http://www.ci.moraine.oh.us)

DECLARATION OF EXEMPTION

TAX YEAR:

The City of Moraine requires all residents to file a city income tax return.

If you meet one of the following exemptions, completion and filing of this form will serve to meet the filing.

If you are a wage-earner, self-employed, own rental property, or derive any other income or loss reportable to the City of Moraine you are NOT exempt from the annual filing requirement and cannot use this form.

Last Name	First Name	MI	Social Security Number
Spouse Last Name	Spouse First Name	MI	Spouse Social Security Number
Current Address			Phone Number
City, State, and Postal Code			

**PERMANENT EXEMPTION**

1. <input type="checkbox"/>	I am <b>PERMANENTLY RETIRED</b> and receive ONLY pension income or other non-taxable income for the year. <b>Do you file a Federal Form 1040? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, you must attach page 1 of your Federal 1040 to this form for exemption approval</b>	Date Retired
2. <input type="checkbox"/>	I am <b>PERMANENTLY DISABLED</b> and receive only non-taxable income for the year. <b>You must attach proof of permanent disability to this form for exemption approval.</b>	Date Disabled
3. <input type="checkbox"/>	Taxpayer is <b>DECEASED</b> .	Date of Death

**CURRENT YEAR EXEMPTION ONLY**

4. <input type="checkbox"/>	I had no taxable income for the entire year of _____. Income Source: _____. (Social Security, welfare benefits, unemployment etc) <b>Attach Federal Form 1040, if filed.</b>
5. <input type="checkbox"/>	I was a member of the <b>ARMED FORCES</b> , including national guard, of the United States of America for the entire year. I received no other income taxable to the City of Moraine. (Civilians employed by the military not included.)

**In all cases where you are eligible for exemption, you must provide you name, address, phone number and social security number. This exemption form is not valid and will not be processed without your signature.**

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

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

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