

EXEMPTION FORM 2018

CITY OF CANTON INCOME TAX DEPARTMENT

P.O. Box 9951
Canton, Ohio 44711
cantonincometax.com

You may not be required to file a city income tax return. Complete this form and return it to our office by April 15th, 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 2018 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

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 _____