

MAIL TO: CITY OF CANAL FULTON
 DEPARTMENT OF TAXATION
 155 E. MARKET ST., SUITE C
 CANAL FULTON, OH 44614
 Phone: 330-854-9448
 www.cityofcanalfulton-oh.gov

INDIVIDUAL DECLARATION OF EXEMPTION

SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER

FIRST NAME M.I. LAST NAME

SPOUSE'S FIRST NAME M.I. SPOUSE'S LAST NAME (IF DIFFERENT)

ADDRESS NUMBER STREET NAME

CITY STATE ZIP CODE

DAY PHONE EVENING PHONE

I AM NOT REPORTING TAXABLE INCOME FOR 2015 BECAUSE:

1. I had **NO TAXABLE INCOME** for the entire year of 2015 (Attach a copy of your Federal 1040 Form)
 2. I was a member of the **ARMED FORCES**, including the National Guard, of the United States for all of 2015, and had no other taxable income. (This does not include civilians employed by the military)
 3. I was **UNDER AGE 18** for all of 2015..... Date of Birth:
 (Attach copy of Birth Certificate or Driver's License) MONTH / DAY / YEAR
 4. I am a **RETIRED** individual receiving only pension, social security, interest, dividends or other non-taxable income for all of 2015Date Retired:
 (Attach a copy of page 1 of your 2015 Federal 1040 return.) MONTH / DAY / YEAR
 5. Prior to January 1, 2015, I moved from Canal Fulton Date of Move:
 (indicate previous address below) MONTH / DAY / YEAR
- PREVIOUS ADDRESS _____
6. Taxpayer is Deceased Date of Death:
 (Please enclose copy of Death Certificate) MONTH / DAY / YEAR
 7. I am filing a 2015 Canal Fulton return Jointly, with my Spouse _____
 Spouse's Name SPOUSE'S SSN

SIGNATURE _____ DATE _____ SPOUSE'S SIGNATURE _____ DATE _____

THE ABOVE SIGNED DECLARES THAT THIS RETURN IS TRUE, CORRECT AND COMPLETE FOR THE TAX YEAR 2015.