

This form is NOT to be used as an Application for Refund.

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NO.

This exemption form may not be used by those engaged in business, including those receiving self-employment or rental income.

LAST NAME	FIRST NAME	INITIAL
SPOUSES FIRST NAME		INITIAL
STREET ADDRESS		APT
CITY	STATE	ZIP

I AM NOT REQUIRED TO FILE A CITY TAX RETURN BECAUSE:

- 1 I am a retired person receiving only pension income _____ DATE RETIRED:

MO	DAY	YR

 1
or other nontaxable income for the year.
- 2 I did not reside in the city of Portsmouth _____ DATE OF MOVE:

MO	DAY	YR

 2
for the entire year of _____
- 3 Taxpayer is DECEASED. _____ DATE OF DEATH:

MO	DAY	YR

 3
- 4 I had NO TAXABLE INCOME for the entire year of _____ (Check this Box) 4
Income Source (Social Security, Welfare, etc.) _____ (Current Year Exempt Only)
- 5 I was a member of the ARMED FORCES, including the _____ (Check this Box) 5
National Guard, of the UNITED STATES for the entire year. (Current Year Exempt Only)
(This does not include civilians employed by the military).
- 6 I am FILING JOINTLY with my spouse whose name is: _____ 6

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

Mail completed form to:

**PORTSMOUTH INCOME TAX DIV.
PO Box 1323
Portsmouth, Ohio 45662**

_____ Signature	_____ Date
_____ Spouse's Signature	_____ Date
_____ Telephone Number	