EXEMPTION INFORMATION:

If you are retired or started earning social security during the tax year, <u>and no longer earn any taxable income</u>, you must file a FINAL return, which is required to inactivate your account.

Provide Verification – Federal Form 1040, pages 1 and 2, disability documentation, etc.

Print off form:	
Fill out name(s), address, social security nu	mber and phone number.
Exemption information – check any/all box	es that apply to you being exempt.
Sign and date the form.	
Mail all documentation with signed form.	
EXEMPTION FORM	TAX YEAR
I AM EXEMPT BECAUSE:	
NO TAXABLE INCOME	*Provide copy of driver's license or birth certificate ACTIVE MILITARY** UNEMPLOYED
DISABLED **Federal 1040, pg. 1, is acceptable proof	☐ SOCIAL SECURITY ☐ PENSION**
I UNDERSTAND THAT I MUST FILE A CITY O	F ONTARIO, OHIO TAX RETURN IF ANY OF THESE EXEMPT
CONDITIONS CHANGE IN FUTURE YEARS.	
	O BE TRUE, CORRECT, AND COMPLETE. ANY ON OF THE CODIFIED ORDINANCES OF THE CITY OF ONTARIO, N IMPOSED.
Name	Social Security Number
Address	Phone
Exempt Person's Signature	Date
CONTRACTOR AND ADDRESS OF THE STATE OF THE S	

☐ **Did NOT file a Federal Form 1040 with the IRS** (proof may be required)