CITY OF MARYSVILLE, OHIO
Income Tax Division
209 S. Main St., P.O. Box 385
Marysville, Ohio 43040
Telephone: (937) 645-7350
Fax: (937) 645-7351
www.marysvilleohio.org

INDIVIDUAL DECLARATION OF EXEMPTION

(See Instructions on Reverse Side)

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

The City of Marysville currently requires mandatory filing of City tax returns. If you meet one of the following exemptions, the filing of this Declaration of Exemption will serve to meet the filing requirement for the current year. Based upon your exemption status, you may be required to file a City income tax return, or contact the Income Tax Office, for future years.

SOCIAL SECURITY NUMBER _____ SPOUSE'S SOCIAL SECURITY NUMBER _____

LAST NAME _____ FIRST NAME _____ INITIAL _____ SPOUSE'S LAST NAME _____ FIRST NAME _____ INITIAL _____

PRESENT ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP _____

1. ☐ I was UNDER 18 years of age for the entire year
(Attach documentation - Copy of Birth Certificate or Driver's License) ..... Date of Birth: MO DAY YR

2. ☐ I am a retired person receiving only pension income or other non-taxable income for the year. Date Retired: MO DAY YR

3. ☐ I did not reside in the City of Marysville for any part of tax year _____ .
Provide Move In or Move Out Date and check In or Out ..... Date of Move: (In ☐ or Out ☐) MO DAY YR

4. ☐ Taxpayer is DECEASED. ..... Date of Death: MO DAY YR

5. ☐ I had no TAXABLE INCOME for the entire tax year _____ . Income Source (Social Security, Welfare, etc.) (Current Year Exempt Only)

Explain: _____

6. ☐ I was a member of the ARMED FORCES, including the National Guard, of the UNITED STATES for the entire year _____ .
(This does not include civilians employed by the military). (Current Year Exempt Only) (Attach military W2)

7. ☐ I am FILING JOINTLY with my spouse ..... Social Security Number:

ATTACH PROOF OF AGE, RETIREMENT, DISABILITY, RESIDENCE, ETC.

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

SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____

PHONE _____

Mail completed form to:

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FORM DOE (01/05)

INSTRUCTIONS FOR FORM DOE

If you were a wage earner, were self-employed, owned rental property, or derived any other city taxable income, you are not exempt from the mandatory annual filing requirement and may not use this form.

EXEMPTION #1

If you were under the age of eighteen (18) for the entire year in question, indicate so by filling in your date of birth. This exemption must be accompanied by proof of age (e.g. a photocopy of a birth certificate or driver's license).

Parents of Minors
If your child has received this registration, please fill in Name and Date of Birth so that we get this information noted to avoid future requests.

EXEMPTION #2

If you were retired for the entire year in question, received only pension income, and did not receive any city taxable income, indicate so by filling in the date of your retirement. Those individuals of or near retirement age who received only city nontaxable income (e.g. interest, dividends) may also claim this exemption by filling in the date that the individual discontinued earning city taxable income.

EXEMPTION #3

If the taxpayer did not reside in the City of Marysville at all during the year in which the exemption is being claimed, indicate so by filling in the date the taxpayer moved in or out of the municipality.

College Students are generally Not Exempt from Filing.
A majority of students are living at their respective colleges during the school year: however, their domicile (legal residence) is their parent's home. Therefore, they are required to file a city return.

EXEMPTION #4

If the taxpayer in question is deceased, the executor of the taxpayer's estate should indicate the taxpayer's date of death.

EXEMPTION #5

If the taxpayer is not retired but did not receive any city taxable income for the year in question, indicate so by checking Box 5 and describing the nature of the income in the space provided. This exemption is for one year only and Form DOE must be completed for each subsequent applicable year.

EXEMPTION #6

If the taxpayer was an active member of the U.S. Armed Forces for the entire year in question, indicate so by checking Box 6. This exemption is for one year only and Form DOE must be completed for each subsequent year.

EXEMPTION #7

If the taxpayer has filed jointly with his/her spouse, indicate so by filling in the name of the spouse and provide their Social Security Number. If in a subsequent year, a married couple elects to file separately, it shall be the responsibility of each spouse to obtain and file a return.

In all cases where the taxpayer is eligible for exemption, the taxpayer should provide his/her social security number, name, address and phone number.

ATTACH PROOF OF AGE, RETIREMENT, DISABILITY, RESIDENCE, ETC.

THIS EXEMPTION FORM IS NOT VALID AND WILL NOT BE PROCESSED WITHOUT THE TAXPAYER'S SIGNATURE.

Completed forms should be directed to:

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