



CITY OF MARYSVILLE, OHIO
 Income Tax Division
 209 S. Main St., P.O. Box 385
 Marysville, Ohio 43040
 Telephone: (937) 645-7350
 Fax: (937) 645-7353
 Email: incometax@marysvilleohio.org
 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.

ACCT. OR SOCIAL SECURITY NUMBER			SPOUSE'S ACCT. OR SOCIAL SECURITY NUMBER		
LAST NAME	FIRST NAME	INITIAL	SPOUSE'S LAST NAME	FIRST NAME	INITIAL
CURRENT STREET 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
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2. I am a retired person receiving only pension income or other non-taxable income for the year. Date Retired:
 (Attach documentation – 1099R, Social Security award letter, first two pages of Federal Return)

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

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

MO	DAY	YR
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 (Only applicable for tax years 2015 and prior)

5. I had no TAXABLE INCOME for the entire tax year _____. Income source (Social Security, Welfare, etc.) (Current year Exempt Only)
 (Attach documentation – Social Security transcript or award letter, IRS transcript, or first two pages of federal return)
 Explain: _____

6. My entire income was from active duty military for the entire year of _____.
 (This does not include civilians employed by the military). (Current Year Exempt Only) (Attach military W2)

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

Under penalties of perjury I declare that I have examined this information, including all accompanying schedules and statements and to the best of my belief, they are true, correct and complete.

SIGNATURE	DATE
SPOUSE'S SIGNATURE	DATE
PHONE	
E-MAIL ADDRESS	

Submit completed form to:
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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 along with supporting documentation 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 estates 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.

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

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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