

200___APPLICATION FOR EXEMPTION

CITY OF MOUNT VERNON
DIVISION OF INCOME TAX
40 PUBLIC SQUARE
MOUNT VERNON OH 43050
740-393-9524
FAX 740-397-5293

If you are not subject to Mount Vernon City Income Tax, please complete this Application for Exemption and return it to the Income Tax Office within 3 ½ months after year end.

NAME _____

STREET _____

CITY, STATE, ZIP COE _____

SOCIAL SECURITY NO. _____-_____-_____

___ RETIRED, ONLY INCOME IS FROM NON-TAXABLE SOURCE. LIST SOURCE _____

___ NO INCOME FOR ALL OF TAX YEAR MEANS OF SUPPORT _____

___ UNDER 18 YEARS OF AGE FOR ENTIRE YEAR. DATE OF BIRTH _____

___ ACTIVE DUTY MILITARY FOR ENTIRE YEAR, EXCEPT CIVILIAN EMPLOYED BY MILITARY.

___ NON-RESIDENT FOR ENTIRE YEAR. DATE OF MOVE _____

You must qualify under one of the above exemptions to be exempt from The City Income Tax.

DECLARATION: I declare this information as true and complete.

Current source(s) of income _____

Your signature

Date