

# EXEMPTION FORM 2014

(See General Information)

## CITY OF CANTON INCOME TAX DEPARTMENT

P.O. Box 9951  
Canton, Ohio 44711

You may not be required to file a city income tax return. Complete this form and return it to our office by April 15th, and you will not be considered a delinquent taxpayer.

ACCOUNT # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

**Upon turning 65 years old, please submit this form and proof of age.  
(Copy of Birth Certificate, Driver's License)**

Please indicate birthdate: Yours \_\_\_\_\_

Spouse \_\_\_\_\_

I am not required to file a 2014 return because:

1. My sole income is derived from the following source(s):

- |                                                             |                                                                                                                                                                             |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. <input type="checkbox"/> Social Security Benefits        | J. <input type="checkbox"/> Military Service                                                                                                                                |
| B. <input type="checkbox"/> Pension                         | K. <input type="checkbox"/> A.D.C.                                                                                                                                          |
| C. <input type="checkbox"/> Interest Income                 | L. <input type="checkbox"/> General Public Assistance                                                                                                                       |
| D. <input type="checkbox"/> Dividend Income                 | M. <input type="checkbox"/> Unemployment Compensation                                                                                                                       |
| E. <input type="checkbox"/> Total Permanent Disability      | N. <input type="checkbox"/> 65 yrs. old or older with wages,<br>commission or other compensation<br>earning less than \$10,000.                                             |
| F. <input type="checkbox"/> Workers Compensation            | *O. <input type="checkbox"/> 65 yrs. old or older with rental and/or<br>business activity earning less than<br>\$10,000. (Attach Schedule E and/or<br>Schedule C as filed.) |
| G. <input type="checkbox"/> Alimony                         |                                                                                                                                                                             |
| H. <input type="checkbox"/> No Income                       |                                                                                                                                                                             |
| I. <input type="checkbox"/> Other (Please Explain)<br>_____ |                                                                                                                                                                             |

2. Taxpayer Deceased in previous year

Date Deceased \_\_\_\_\_

3. Did not live in city of Canton in previous year.

Date Moved Out \_\_\_\_\_

**I CERTIFY I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE IT IS TRUE, CORRECT, AND COMPLETE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse \_\_\_\_\_ Date \_\_\_\_\_

\*PLEASE NOTE: The Exemption Form may be used only if a senior citizen's net income is less than ten thousand dollars (\$10,000). Seniors will need to continue filing tax returns or Exemption Forms as long as they engage in rental and/or business activity.