City of Canal Fulton INCOME TAX EXEMPTION FORM

I/WE – QUALIFY TO FILE A CANAL FULTON NCOME TAX EXEMPTION FORM BECAUSE:

I/WE are retired, no longer working and have had no income subject to the CANAL FULTON Income Tax for the entire year of ______ and future years. I/We will receive only Social Security, Pension, Interest, or Dividend Income. Do not own rental Property. Not self-employed.

I/We understand that I/We must file a City of Canal Fulton, Ohio tax return if conditions change in future years.

I/WE DECLARE THE INFORMATION SUPPLIED TO BE TRUE, CORRECT, AND COMPLETE. ANY MISREPRESENTATION WILL BE IN VIOLATION OF THE ORDINANCES OF THE CITY OF CANAL FULTON, OHIO AND SUBJECT TO PENALTIES THEREIN IMPOSED.

FOR INDIVIDUAL RETURN

Name	Social Security Number
	Date Retired
Signature	Date Disabled
FOR JOINT RETURN (Both must sign)	
Name	Name Print
Address	Signature
Signature	Social Security Number
Social Security Number	
Date Retired/Disabled Da	te Retired/Disabled
$^{m{\star}}$ To qualify for a Joint Return Exemption both individuals must be retired with no taxable income.	
PLEASE NOTE: Signature, Address and Social Security Number must be completed.	

TAX YEAR _____