

**City of Willard
Individual Declaration of Exemption**

Tax Year _____

Social Security Number

Last Name

M.I.

First Name

Street Number

Street Name

City Name

State

Zip Code

Day Phone

Evening Phone

This exemption, if approved by the tax administrator, will remain in effect until such time as the taxpayer receives income taxable for Willard income tax purposes.

I believe that I am not required to file a City of Willard income tax return because:
(please circle the number of the statement that BEST applies to you)

- 1 I had no taxable income for the entire year
- 2 I was under age 18 for the ENTIRE year. (enclose a copy of birth certificate or driver's license)
- 3 I am a retired individual receiving ONLY pension, social security, interest or dividend income.
- 4 Prior to January 1, I moved outside the City Limits of the City of Willard.
(enclose proof of new residence)
- 5 Taxpayer is deceased. (enclose copy of death certificate)
- 6 I was a member of the US Armed Forces (including the National Guard) and had no other taxable income for all of the tax year. (Not including civilians employed by the military)

Date of Birth ____/____/____
MM/DD/YY

Date Retired ____/____/____
MM/DD/YY

Date Moved ____/____/____
MM/DD/YY

Date of Death ____/____/____
MM/DD/YY

The below signed declares that this exemption is true, correct, and complete.

Taxpayer Signature

Date