

MUNICIPALITY OF CARLISLE
INCOME TAX DEPARTMENT
760 CENTRAL AVE.
CARLISLE OH 45005
WWW.CARLISLEOH.ORG
(937) 746-0556

Declaration of Exemption

Tax Year _____

The Municipality of Carlisle requires all residents to file a city income tax return. If you meet one of the following criteria, you may be granted an exemption from the mandatory filing requirement. Qualified residents will need to file this return one time only (unless and until taxable income is received). Completed returns and supporting documentation must be submitted to the tax office at the address on this form.

Note: If you are a wage earner, self-employed, own property, or derive any other income or a loss reportable to the Municipality of Carlisle then you are **not exempt** from the annual filing requirement and cannot use this form.

Permanently retired persons: If you were retired for the entire year and received only income not taxable to the Municipality of Carlisle (pension, social security, interest, dividends, capital gains or other non-taxable income) and do not anticipate receiving any income taxable to Carlisle in the future, indicate so by providing the date of your retirement. **Please attach copies of pages 1 & 2 of your Federal Return to this exemption form and file with the Carlisle Tax Department. If you did not file a Federal Return, you will need to request a "Verification of Non-filing" through the IRS (IRS form 4506-T – available online at www.irs.gov/form4506t, on our website, or in the office)**

Permanently disabled persons: If you were permanently disabled for the entire year and received only income not taxable to the Municipality of Carlisle (social security, interest, dividends, capital gains or other non-taxable income) and do not anticipate receiving Carlisle taxable income in the future, indicate so by providing the date of your permanent disability. **Please attach official State or Federal documentation showing proof of your permanent disability (ie. SSA or SSI 1099) as well as a "Verification of Non-filing" from the IRS (IRS form 4506-T – available online at www.irs.gov/form4506t, on our website, or in the office) to this exemption form and file with the Carlisle Tax Department.**

NOTE: IF YOUR STATUS CHANGES AND YOU BECOME EMPLOYED OR EARN CARLISLE TAXABLE INCOME, YOU WILL BE REQUIRED TO FILE A CARLISLE CITY TAX RETURN FOR ANY FULL OR PARTIAL YEAR IN WHICH SUCH INCOME IS EARNED. YOU WILL ALSO NEED TO RE-APPLY FOR AN EXEMPTION IF YOU WILL NO LONGER HAVE THE TAXABLE INCOME.

Taxpayer Name: _____

Taxpayer SS# _____

Spouse Name: _____

Spouse SS# _____

Address: _____

Phone # _____

REASON FOR EXEMPTION – Check all that apply

____ I am **permanently retired** and received only pension income or other non-taxable income for the year.

Please attach all above required documentation for exemption approval. Date Retired _____

____ My spouse is **permanently retired** and received only pension income or other non-taxable income for the year.

Please attach all above required documentation for exemption approval. Date Retired _____

____ I am **permanently disabled** and received only pension income or other non-taxable income for the year.

Please attach all above required documentation for exemption approval. Date Disabled _____

I hereby declare the information provided above to be true, correct and complete. In all cases where you are eligible for exemption, you must provide all of your contact information and social security number. The exemption form will not be processed without a signature.

Signature _____

Date _____

Spouse Signature _____

Date _____

Office use only

Account # _____

Approved _____

Denied _____

Reason for denial _____