



**City of Springboro  
Tax Department  
320 West Central Ave  
Springboro, OH 45066  
PH (937)748-9701  
Fax (937)748-6185**

## **DECLARATION OF EXEMPTION**

**Tax Year \_\_\_\_\_**

**The City of Springboro requires all residents to file a City income tax return. But, if you are retired or permanently disabled, you may qualify for an exemption. Review the qualifications below to determine if you are exempt from filing. If you meet the qualifications, complete and return this form so that we may inactivate your tax account.**

**Permanently retired persons:** If you were retired **for the entire year** and received only pension benefits, Social Security benefits, IRA distributions, investment income, or other income not taxable to the City AND you do not anticipate earning income taxable to the City in the future, you are exempt from filing City returns.

**Permanently disabled persons:** If you were permanently disabled **for the entire year** and received only disability pay, pension benefits, Social Security benefits, IRA distributions, investment income or other income not taxable to the City AND you do not anticipate earning income taxable to the City in the future, you are exempt from filing City returns.

**For a summary of taxable and non-taxable income sources, consult our Tax Filing FAQs on the Tax Services page of the City's website ([www.cityofspringboro.com](http://www.cityofspringboro.com)).**

|                             |            |              |                        |
|-----------------------------|------------|--------------|------------------------|
| Last Name                   | First Name | MI           | Social Security Number |
| Present Address             |            | Phone Number |                        |
| City, State and Postal Code |            |              |                        |

### **REASON FOR EXEMPTION**

I am **permanently retired** and received only pension income or other income not taxable to the City for the tax year listed above. The date of my retirement was: \_\_\_\_\_.

I am **permanently disabled** and received only disability pay or other income not taxable to the City for the tax year listed above. The date I became permanently disabled was: \_\_\_\_\_.

**NOTE: If your status changes and you become employed or earn income that is taxable to the City of Springboro, you will need to resume filing a Springboro City tax return.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby declare the information provided above to be true, correct and complete.