MUNICIPALITY OF CARLISLE **INCOME TAX DEPARTMENT** 760 CENTRAL AVE.

CARLISLE OH 45005 WWW.CARLISLEOH.ORG (937) 746-0556

Reason for denial

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. Completed returns and supporting documentation must be submitted to the tax office at the address on this form.

"Acceptable Documentation Proof For Filing Exemption" document for more information. Please review:

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 official State or Federal documentation showing proof of retirement (ie. SSA 1099 or 1099-R) as well as pages 1 & 2 of your Federal Return (if filed) to this exemption form and file with the Carlisle Tax Department.

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) 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

Office use only	Account #	Арр	roved	Denied
Spouse Signature				Date
Signature			<u> </u>	Date
•	nation provided above to be true, correct of the correct of the exemption for the ex	•		for exemption, you must provide all of you
Please attach all d	above required documentation for	exemption approval.	Date Disabled	
l am perma i	nently disabled and received only	pension income or othe	er non-taxable inco	me for the year.
Please attach all d	above required documentation for	exemption approval.	Date Retired	
My spouse	is permanently retired and receive	ed only pension income	or other non-taxa	ble income for the year.
Please attach all d	above required documentation for	exemption approval.	Date Retired	
l am perma i	nently retired and received only pe	ension income or other	non-taxable incon	ne for the year.
REASON FOR EXEMP	FION – Check all that apply			
Address:			Phone #	
Spouse Name:			Spouse SS# _	
Taxpayer Name:			Taxpayer SS# _	
IF YOU DID NOT FILE	A FEDERAL FORM 1040, CHECK HE	RE		
REQUIRED TO FILE A	CARLISLE CITY TAX RETURN FOR A	NY FULL OR PARTIAL Y	EAR IN WHICH SU	CH INCOME IS EARNED.