Village of Sherrodsville Income Tax Department
PO Box 31
Sherrodsville, Ohio 44675
Phone 740-269-5025
Email villageofsherrodsville@hotmail.com

FORM: EXEMPT
Name: _____
Tax Year_____
FOR OFFICE USE ONLY

Individual Declaration of Exemption

Note:
*Return form to the address above.
*Do not use this form for refund requests or tax filing.
*This form is for one individual only. All eligible household members will file a separate exemption form.
*SIGN & DATE the form below.

*Required information

Taxpayer's Full Name: _____*

Date of Birth _____* Last 4 digits of SSN __ __ __ __*

Address:_____*

_____

Phone: _____ Email _____

I believe that I am not required to file a municipal income tax return for the year shown above because:
(please check the statement(s) that ***best*** applies to you – You can check more than one)

☐ I am retired individual receiving only Social Security, pension, retirement, interest or dividends as income
Provide Date you retired ___/___/_____ and from where _____

☐ I had no taxable income for the entire previous tax year
Please provide copy of most recent Federal Form 1040 and Schedule 1

☐ I was an active member of the Armed Forces and had no other taxable income for the year
Please provide copy of most current W2 form

☐ I request assistance in determining my eligibility.
Please enclose copies of any or all of the following forms received: W2s, 1099s, Federal tax form 1040 and any Schedules

_____ **(initials)** I understand my status is not confirmed until I received an approval letter from the Village of Sherrodsville Income Tax Department.
_____ **(initials)** I further understand I may be required to submit additional information to process my exemption eligibility.
_____ **(initials)** I will contact the Sherrodsville Income Tax Dept if my income situation changes at any time during the year.

By signing below, I declare the above affirmations are true and accurate.

_____
Printed Name

Date: _____

_____
Signature