

**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