

CLEVELAND HEIGHTS DECLARATION OF EXEMPTION

MAIL TO: PO BOX 18850, CLEVELAND HEIGHTS, OH, 44118
 (216) 291-3978 (option 2) FAX (216) 291-3790

FORM I-6
TAX YEAR 2009
MUST BE FILED BY APRIL 15, 2010

Your name:	Social security number:
Spouse's name:	Spouse's social security number:
Current address:	Apt. #
City, state, and zip:	

EXEMPTIONS ARE ONLY GOOD FOR THE CURRENT TAX YEAR:

- A new exemption must be filed every year.
- Exemption requests are subject to verification, attach copies of documentation.

Please note:

- ▶ Exemption from filing for federal tax purposes because of income limits is not an exemption from filing for local tax purposes.
- ▶ There is no minimum income requirement to file a Cleveland Hts tax return.

REASON FOR EXEMPTION (check one):

- I am retired and did not earn taxable income in 2009.
- I moved from Cleveland Heights before January 1, 2009.Date of Move _____
- I was under 18 years of age for the entire year of 2009. (Attach copy of birth certificate).....Birthdate _____
- I was a member of the U.S. Military on active duty (does not include civilian military personnel).
- I am not retired, but did not earn any wage, business, rental, or other taxable income between Jan. 1 and Dec. 31 of 2009.

Examples of Taxable Income

- Wages, salaries, bonuses, and other compensation
- Commissions, fees, and tips
- Educational grants, fellowships, and stipends (except portion for tuition/fees/books)
- Net profit from self employment (Federal Schedule C or K-1)
- Income from rental property (Federal Schedule E)
- Deferred compensation contributions, [e.g. 401(k)]
- Non-qualified plan contributions
- Lottery winnings of \$100,000.00 or greater.

Examples of Non-Taxable Income

- Interest, dividends
- Pensions, Social Security
- Welfare, state-paid unemployment benefits
- Workmen's Compensation, proceeds from insurance
- Active Military pay (does not include civilian personnel)
- Alimony and/or child support
- Third Party sick pay

Under penalty of perjury, I declare that I have examined this document and believe it is true, correct, and complete:

Your signature:	Date:
Spouse's signature:	Date:
Preparer's signature:	Date:
Print preparer's name and address:	Preparer's phone number: