FORM **EX-1** City of Portsmouth Income Tax Division
Declaration of Exemption *ONLY for residents of Portsmouth*

*This form is **NOT** to be used as an Application for Refund.*

SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NO.

LAST NAME	FIRST NAME	INITIAL
SPOUSES FIRST NAME		INITIAL
STREET ADDRESS		APT
CITY	STATE	ZIP

This exemption form may not be used by those engaged in business, including those receiving self-employment or rental income.

I AM NOT REQUIRED TO FILE A CITY TAX RETURN BECAUSE:

1 I am a retired person receiving only pension income or other nontaxable income for the year. _____ DATE RETIRED: ____ MO ____ DAY ____ YR 1

2 I did not reside in the city of Portsmouth for the entire year of _____ _____ DATE OF MOVE: ____ MO ____ DAY ____ YR 2

3 Taxpayer is DECEASED. _____ DATE OF DEATH: ____ MO ____ DAY ____ YR 3

4 I had NO TAXABLE INCOME for the entire year of ____ _____ (Check this Box) ..... ☐ 4
Income Source (Social Security, Welfare, etc.) _____ (Current Year Exempt Only)

5 I was a member of the ARMED FORCES, including the National Guard, of the UNITED STATES for the entire year. (This does not include civilians employed by the military). _____ (Check this Box) ..... ☐ 5
(Current Year Exempt Only)

6 I am FILING JOINTLY with my spouse whose name is: _____ _____ 6

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

Mail completed form to:

PORTSMOUTH INCOME TAX DIV.
PO Box 1323
Portsmouth, Ohio 45662

_____
Signature Date

_____
Spouse's Signature Date

_____
Telephone Number