



Income Tax Division  
 P.O. Box 293100 • Kettering OH 45429  
 PH: 937.296.2502 • Fax: 937.296.3242  
 www.ketteringoh.org

# DECLARATION OF EXEMPTION RETURN

Tax Year: \_\_\_\_\_

The City of Kettering requires all residents to file a city income tax return. If you meet one of the following exceptions, you may be granted an exemption from the mandatory filing requirement. Qualified persons will need to file this return one time only. Completed returns and supporting documentation should be submitted to the Tax Division using the address shown on this form.

**Note:** If you are a wage earner, self-employed, own rental property, or derive any other income or loss reportable to the City of Kettering 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 in question, received only income not taxable by the City of Kettering (such as pension income, social security, interest, dividends, capital gains or other non-taxable income) for the entire year AND do not anticipate deriving any Kettering taxable income in the future, indicate so by providing the date of your retirement. Please attach Page 1 of your Federal Return, (where applicable), to the exemption form and file with the Tax Division. **Qualified persons will need to file this return one time only.**

**Permanently Disabled Persons:** If you were permanently disabled for the entire year in question, received only social security, interest, dividends, capital gains or other non-taxable income for the entire year AND do not anticipate deriving any Kettering taxable income in the future, indicate so by providing the date of your permanent disability. Please attach proof of permanent disability to the exemption form and file with the Tax Division. **Qualified persons will need to file this return one time only.**

**Note:** If your status changes and you become employed or earn Kettering taxable income, you will be required to file a Kettering city tax return for any full or partial year in which such income is earned.

|                                                                                                                                                                                                                                   |                   |    |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----|-------------------------------|
| Last Name                                                                                                                                                                                                                         | First Name        | MI | Social Security Number        |
| Spouse Last Name                                                                                                                                                                                                                  | Spouse First Name | MI | Spouse Social Security Number |
| Present Address                                                                                                                                                                                                                   |                   |    | Phone Number                  |
| City, State and Postal Code                                                                                                                                                                                                       |                   |    | Account Number:               |
| IF you filed a Federal Form 1040 for the year in which you are requesting an exemption, you must attach Page 1 of your Federal 1040 to this form.<br>IF YOU DID NOT file a Federal Form 1040, check here <input type="checkbox"/> |                   |    | Email Address:                |

## REASON FOR EXEMPTION - Check All That Apply

|                                                                                                                                                                                                                                   |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <input type="checkbox"/> I am <b>PERMANENTLY RETIRED</b> and receive only pension income or other non-taxable income for the year. <i>Please attach Page 1 of your Federal 1040 to this form for exemption approval.</i>          | Date Retired  |
| <input type="checkbox"/> My spouse is <b>PERMANENTLY RETIRED</b> and receives only pension income or other non-taxable income for the year. <i>Please attach Page 1 of your Federal 1040 to this form for exemption approval.</i> | Date Retired  |
| <input type="checkbox"/> I am <b>PERMANENTLY DISABLED</b> and receive only non-taxable income for the year. <i>Please attach proof of permanent disability to this form for exemption approval.</i>                               | Date Disabled |

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Spouse Signature: \_\_\_\_\_ Date \_\_\_\_\_

I hereby declare the information provided above to be true, correct and complete. In all cases where you are eligible for exemption, you must provide all of your contact information and social security number. The exemption form will not be processed without your signature.