

# City of Perrysburg

Income Tax Division

Phone: 419.872.8035 Fax: 419.872.8037

Email: [itax@ci.perrysburg.oh.us](mailto:itax@ci.perrysburg.oh.us) Website: [www.ci.perrysburg.oh.us](http://www.ci.perrysburg.oh.us)

## ***Exemption Certificate for Retired Individuals***

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

### **Due Date: On or before April 15**

The City of Perrysburg Income Tax Division asks that retirees who receive only non-taxable income such as social security, pension payments, dividends, or interest, file the Exemption Certificate below instead of filing a return. **If you are a resident, and own rental property in or outside the City of Perrysburg, or if you have pass through income from an LLC or S Corporation, you may *not* file for an exemption and you are required to file an annual return.**

- ✓ In order to receive this exemption, please complete the form below and return it to the Income Tax Division, 201 W. Indiana Avenue, Perrysburg, OH 43551. If you or your spouse receives any kind of taxable income, you are not eligible for this exemption.
- ✓ If you sign the Exemption Certificate for Retired Individuals and you or your spouse later earn taxable income, the Exemption Certificate will no longer be valid and you will be required to file annual city tax returns.

**For example: If you begin working, start a business, purchase rental property, convert your home in Perrysburg to rental property, or receive lottery winnings, you are required to file a City of Perrysburg tax return.**

- ✓ If you do not return this form, it will be your responsibility to file a City of Perrysburg tax return each year.

.....

## **CITY OF PERRYSBURG**

***Exemption Certificate for Retired Individuals effective Tax Year*** \_\_\_\_\_

I am completing this Exemption Certificate because I / we are retired individual(s) receiving only non-taxable income.

Please print the following information:

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse name (if applicable) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

City, State Zip \_\_\_\_\_

***I DECLARE THIS STATEMENT TO BE TRUE, CORRECT AND COMPLETE, AND WILL IMMEDIATELY NOTIFY THE INCOME TAX DIVISION IF THE EXEMPTION BECOMES INVALID.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_