



**City of Lakewood - Division of Municipal Income Tax**  
 12805 Detroit Ave., Suite 1  
 Lakewood, OH 44107  
 Telephone: (216) 529-6620 Fax: (216) 529-6099  
 Website: [www.onelakewood.com](http://www.onelakewood.com) Email: [taxdept@lakewoodoh.net](mailto:taxdept@lakewoodoh.net)



**INDIVIDUAL DECLARATION OF EXEMPTION**

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

The City of Lakewood is a mandatory filing city requiring all residents 18 years of age and over to file a tax return or **an appropriate exemption form** for each year or partial year lived in Lakewood.

**PLEASE NOTE:** If you were a wage earner; were self-employed; owned property for which you declared income or a loss on your Federal return; had lottery or gambling winnings; or received a taxable distribution from a partnership, S-corporation, or trust, you cannot use this exemption form and must file a tax return.

**Primary Name:** \_\_\_\_\_ **Primary SSN:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_ **Spouse SSN:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_ **Apt. Number:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please circle one of the following and attach documentation when necessary.

1. I am permanently retired as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
2. I am permanently disabled as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
3. No taxable income was earned for all of tax year \_\_\_\_\_. Please explain: \_\_\_\_\_.
4. I was under 18 years of age for the entire year of \_\_\_\_\_. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
Proof is attached (see instructions).
5. Active military duty for the entire year of \_\_\_\_\_.
6. I did not reside in the City of Lakewood for **any** part of the year. Proof is attached (see instructions).  
Date of move from Lakewood: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
7. I am filing jointly with my spouse, \_\_\_\_\_. Social Security #: \_\_\_\_\_
8. Taxpayer is deceased. Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Please attach copy of death certificate)

**If you need tax forms or assistance in answering this notice, please call (216) 529-6620.**

**THE UNDERSIGNED DECLARES THAT THIS STATEMENT IS TRUE, CORRECT, AND COMPLETE FOR THE ABOVE MENTIONED YEAR.**

**Primary Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This exemption form is not valid and will not be processed without the taxpayer's signature and date.

## INSTRUCTIONS FOR FORM DECLARATION OF EXEMPTION

**If you were a wage earner; were self-employed; owned property for which you declared income or a loss on your Federal return; had lottery or gambling winnings; or received a taxable distribution from a partnership, S-corporation, or trust, you are not exempt from the mandatory filing requirement and may not use this form.**

1. If you were retired for the entire year in question; received only pension income, social security income, dividends, or interest income; and do not anticipate deriving any income taxable to Lakewood, indicate so by circling option 1 on the front of this page. Please also fill in the date of your retirement. **This exemption is for one year only, and additional declarations must be completed for each subsequent applicable year.**
2. If you were disabled for the entire year in question; received only disability income, social security income, dividends, or interest income; and do not anticipate deriving any income taxable to Lakewood, indicate so by circling option 2 on the front of this page. Please also fill in the start date of your disability. Please attach proof of disability (e.g. your disability award letter for the tax year in question, page one of your Federal 1040/1040A/1040-EZ). **This exemption is for one year only, and additional declarations must be completed for each subsequent applicable year.**
3. If you are not retired or disabled but did not receive any income taxable to Lakewood for the year in question, indicate so by circling option 3 on the front of this page. Please also fill in the applicable tax year and a short explanation of the circumstances (e.g. disability, unemployment, no employment, etc.). **This exemption is for one year only, and additional declarations must be completed for each subsequent applicable year.**
4. If you were under the age of eighteen (18) for the entire year in question, indicate so by filling in your date of birth. This exemption must be accompanied by proof of age (e.g. a photocopy of a birth certificate or driver's license).  
**NOTE: Parents of minors – If your child has received earned income and is under the age of eighteen (18), please circle option 4 on the front of this page, note the birth date in the applicable space, and submit the abovementioned documentation.**
5. If you were an active member of the U.S. Armed Forces for the entire year in question, please circle option 5 on the front of this page. Documentation verifying that the dates of active duty status were during the tax year in question must be attached.  
**This exemption is for one year only, and additional declarations must be completed for each subsequent applicable year.**
6. If you did not reside in the City of Lakewood at all during the year in question, indicate so by circling option 6 on the front of this page. Please also fill in the date of your move into or out of Lakewood. Please attach proof of your move (e.g. a copy of your non-Lakewood municipal income tax return filed with your resident municipality during the year in question, a lease/rental agreement or closing statement confirming the claimed move-in or move-out date, or proof of an address change with the U.S. Postal Service).
7. If you filed jointly with your spouse, indicate so by circling option 7 on the front of this page. Please also fill in the name of your spouse and provide his/her social security number.  
**NOTE: If a married couple elects to file separately in a subsequent year, it shall be the responsibility of each spouse to obtain and file a return with our office.**
8. If the taxpayer in question is deceased, the executor of the taxpayer's estate should indicate so by circling option 8 on the front of this page. The executor should also indicate the date of the taxpayer's death and supply a copy of the death certificate.

In all cases where the taxpayer is eligible for exemption, the taxpayer must provide his/her social security number, name, address, and phone number.

This exemption form is not valid and will not be processed without the taxpayer's signature and date.

