

20_____ APPLICATION FOR EXEMPTION

If you are not subject to Springfield City Income Tax, please complete this Application for Exemption and return it to the Income Tax Division within 3 ½ months after fiscal year end.

ONLY INCOME IS FROM NON-TAXABLE SOURCE. (SEE INSTRUCTIONS)

LIST SOURCE:

NO INCOME FOR ALL OF TAX YEAR.

UNDER 18 YEARS OF AGE FOR ENTIRE YEAR.

DATE OF BIRTH _____

ACTIVE DUTY MILITARY FOR ENTIRE YEAR, EXCEPT CIVILIAN EMPLOYED BY MILITARY.

NON-RESIDENT FOR ENTIRE YEAR.

DATE OF MOVE _____

NAME and ADDRESS (Print or type)

YOUR SOCIAL SECURITY NUMBER

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You must qualify under one of the above exemptions to be exempt from the City Income Tax.

Current source(s) of income

DECLARATION: I declare this information as true and complete.

Your signature

Date