

**BELLVILLE VILLAGE ORDINANCE**

**(C) All residents, sixteen years of age and older shall file an Annual Return, notwithstanding whether Village of Bellville Income Tax has been withheld by an employer or any other reason, Except in such cases when a Resident Qualifies for an Exemption.**

If you qualify under one of the below listed categories, the filing of this declaration will satisfy your obligation as imposed by The Village of Bellville Income Tax Mandatory Filing Ordinance requiring the filing of an Annual Income Tax Return.

If any of the categories shown below apply to any persons in your household, check the appropriate category, have all exempt individuals sign and file this form by April 17th. **Return this completed form by April 17th to:**

**Village of Bellville Income Tax, 142 Park Place, Bellville, Ohio 44813**

**NOTE: ONLY EXEMPT INDIVIDUALS SHOULD COMPLETE AND SIGN THIS EXEMPTION FORM.**

**(OTHERWISE YOU MUST FILE AN ANNUAL MUNICIPAL INCOME TAX RETURN)**

**I AM QUALIFIED TO FILE A VILLAGE OF BELLVILLE INCOME TAX EXEMPTION RETURN BECAUSE:**

1. \_\_\_\_\_ Retired. No income subject to the Village of Bellville Income Tax for entire tax year of 2017. – I received only Social Security, Pension, Interest or Dividend Income. I do not own rental property. I am not self-employed.

Date retired: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

2. \_\_\_\_\_ Unemployed. No earned income for the entire tax year of 2017.

3. \_\_\_\_\_ Homemaker      4. \_\_\_\_\_ Disabled      5. \_\_\_\_\_ Welfare      6. \_\_\_\_\_ ADC

7. \_\_\_\_\_ Had gross earnings of \$300.00 or less for the entire tax year of 2017 (must attach documentation).

8. \_\_\_\_\_ A member of the Armed Forces of the United States for the entire year of 2017.

(This does not include civilians employed by the Military or National Guard.)

9. \_\_\_\_\_ Non-Resident. I never lived in Village of Bellville, Ohio and I do not work in or receive income from Village of Bellville, Ohio.

10. \_\_\_\_\_ I moved from Village of Bellville, Ohio before this tax year and have no income subject to Village of Bellville, Ohio Income Tax.

Date moved: \_\_\_\_\_

**I UNDERSTAND THAT I MUST FILE A VILLAGE OF BELLVILLE, OHIO TAX RETURN IF ANY OF THESE EXEMPT CONDITIONS CHANGE IN FUTURE YEARS.**

**I DECLARE THE INFORMATION SUPPLIED TO BE TRUE, CORRECT AND COMPLETE. ANY MISREPRESENTATION WILL BE IN VIOLATION OF THE CODIFIED ORDINANCES OF THE VILLAGE OF BELLVILLE, OHIO AND SUBJECT TO PENALTIES THEREIN IMPOSED.**

Name \_\_\_\_\_

Exemption Category Number(s) \_\_\_\_\_

Please list exemption number(s) checked.

Address \_\_\_\_\_

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

Exempt Person's Signature \_\_\_\_\_

Date \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Exemption Category Number(s) \_\_\_\_\_

Please list exemption number(s) checked.

Address \_\_\_\_\_

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

Exempt Person's Signature \_\_\_\_\_

Date \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Exemption Category Number(s) \_\_\_\_\_

Please list exemption number(s) checked.

Address \_\_\_\_\_

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

Exempt Person's Signature \_\_\_\_\_

Date \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE NOTE: Signature, Address and Social Security Number must be completed by each exempt individual.**