



CERTIFICATION FORM

Retirees or those permanently disabled

If you and/or your spouse (if applicable) are either retired or permanently disabled and have no taxable income, nor anticipate having any taxable income, you may qualify for an exemption from filing the annual Tipp City income tax return. If you qualify, please complete the certification below and return this form to the Tipp City Tax Department at:

Tipp City Tax Department
260 S. Garber Dr.
Tipp City, Ohio 45371-3116

By completing this form, you are certifying that you have no income subject to the Tipp City income tax and do not anticipate any Tipp City taxable income in the future. If your income status changes to where you once again have some form of taxable income, you will need to contact the Tipp City Tax Department so that your account can be reactivated.

Examples of Tipp City taxable income include, but are not limited to: W-2 wages, 1099-MISC income, business income (Schedule C), rent income (Schedule E), partnership income, farm income (Schedule F) and income from lottery/gambling winnings.

Examples of Tipp City non-taxable income include, but are not limited to: interest, dividends, pensions, retirement distributions and Social Security.

Questions regarding other types of income not listed in either category can be directed towards the Tipp City Tax Department at (937) 667-8426.

Certification

I hereby certify that all of my income is from non-taxable sources, none of which are subject to Tipp City, Ohio municipal income tax, nor do I anticipate having any Tipp City, Ohio taxable income in the future. I understand that should my income change to include Tipp City taxable income, I will need to resume filing the annual Tipp City income tax return.

Name: _____
Address: _____
City/State/Zip: _____
Social Security No. _____
Telephone Number _____

Current Status: ☐ Retired ☐ Permanently disabled Date began: _____

Signature: _____

(Joint Filer)

Name: _____
Address: _____
City/State/Zip: _____
Social Security No. _____
Telephone Number _____

Current Status: ☐ Retired ☐ Permanently disabled Date began: _____

Signature: _____

Revised 01/10/24