

CITY OF BROOK PARK
Declaration of Exemption

Phone Number
 216-433-1533
 Email Taxdepartment@cityofbrookpark.com

File your exemption electronically. <https://www.cityofbrookpark.com/tax-connect/>

Your social security number	Spouse's social security number	
Your first name and middle initial	Last name	
If a joint return, spouse's first name and middle initial	Last name	
CURRENT MAILING address (number and street)		Apt #
City, state, and ZIP code		

Tax Year(s) _____

This request is for (check only one box):

All tax years beginning with the year above

For the tax year above only

Mail Declaration to:
 City of Brook Park
 PO Box 72720
 Cleveland, OH 44192-0002

Check the applicable reason(s) below and provide the information and documentation indicated for that reason.

- NO MUNICIPAL TAXABLE INCOME** for the entire year. Municipal taxable income includes W-2 income, Federal Schedule C, E, F, 1099-MISC/NEC. If you have municipal taxable income and do not meet other exemptions below, your income is NOT exempt and you MUST file a return. **If you have a joint account**, you may only check reason 1 if both you and your spouse have no municipal taxable income.

Enclose pages 1 & 2 and Schedule 1 of your Federal Form 1040.

- US ARMED FORCES INCLUDING RESERVE COMPONENTS AND THE NATIONAL GUARD.** If you would have met the requirements of reason 1 except you received one or more W2 forms, but those W2 forms reported only military pay and allowances for the year, check this reason for your exemption. Civilian employees of the armed forces are not eligible for this exemption.

- AGE EXEMPT** for the entire year. Enter your date of birth: _____

MM/DD/YYYY

Enclose a copy of your Birth Certificate or Driver's License

- RETIRED** for the entire year and not receiving W2 income, self-employment income, consulting income, rental income, or gambling winnings.

Enclose pages 1 & 2 of Federal Form 1040 / 1040-SR and Federal Schedule 1. Date Retired: _____

MM/DD/YYYY

Enclose **spouse's** pages 1 & 2 of Fed Form 1040 / 1040-SR and Fed Schedule 1. Date Retired: _____

MM/DD/YYYY

- NON-RESIDENT** for the entire year with no self-employment or rental income earned in the municipality.

Enter prior address here: _____. Date of Move: _____

MM/DD/YYYY

- DECEASED.** Date of Death: _____

MM/DD/YYYY

Spouse's Date of Death: _____

MM/DD/YYYY

- FILING JOINTLY.** Check this reason if you are not exempt and are filing jointly. Complete your spouse's information in the address section of this form.

Under penalties of perjury, I declare that this Declaration of Exemption is true, correct and complete. I further acknowledge that should my income change to include municipal taxable income, I will be required to file a municipal tax return for all tax years that I received municipal taxable income.

Sign Here

Your signature	Date	Contact phone number
Spouse's signature	Date	Alternate phone number