

CITY OF IRONTON INCOME TAX DEPARTMENT INCOME TAX WAIVER

Please complete this form and return it to the P.O. Box listed below.

THIS FORM MUST BE RECEIVED ON OR BEFORE APRIL 15 TO BE EXCUSED FROM FILING AN IRONTON CITY INCOME TAX RETURN FOR THE TAX YEAR.

NAME:	
ADDRESS:	
ACCOUNT NUMBER:	
SOCIAL SECURITY NUMBER:	
I request a waiver from filing an Ironton City Inco following reason:	ome Tax return for the
☐ I am retired and have no income subject	to Ironton City Income Tax
(wages, self-employment income, rental income	e, director fees, etc.)
I am permanently disabled and have no i	income subject to Ironton
City Income Tax (wages, self-employment incor	ne, rental income, director
fees, etc.)	
I have received a list of taxable income and wil City of Ironton Income Tax Office if I receive inco sources. I also understand that if I ever do recei this waiver will no longer be valid and I will be re Ironton Tax return.	ome from any of the listed ive any taxable income
Signature	Date

