

Administrative Office  
**VILLAGE OF PLYMOUTH**

TAX YEAR \_\_\_\_\_

**EXEMPTION CERTIFICATE**

I, \_\_\_\_\_ AM NOT REQUIRED TO FILE A  
\_\_\_\_\_ INCOME TAX RETURN BECAUSE MY SOLE INCOME IS DERIVED FROM THE  
FOLLOWING SOURCE(S):

- A. SOCIAL SECURITY BENEFITS, PENSION \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR
- B. INTEREST AND/OR DIVIDEND INCOME
- C. A.D.C./GENERAL PULIC ASSISTANCE
- D. UNDER AGE 18 FOR ENTIRE TAX YEAR (Proof of age may be required)
- E. WORKERS COMPENSATION START: \_\_\_\_\_ END: \_\_\_\_\_
- F. TOTAL PERMANENT DISABILITY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR
- G. UNEMPLOYMENT COMPENSATION START: \_\_\_\_\_ END: \_\_\_\_\_
- H. MILITARY SERVICE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR
- I. ALIMONY
- J. BUSINESS CEASED OPERATION EFFECTIVE \_\_\_\_\_
- K. RENTAL OR BUSINESS SOLD \_\_\_\_\_ TO \_\_\_\_\_
- L. HOMEMAKER
- M. OTHER (PLEASE EXPLAIN) \_\_\_\_\_
- N. TAXPAYER DECEASED PRIOR TO 2009 \_\_\_\_\_ (DATE)
- O. MOVED OUT OF VILLAGE OF PLYMOUTH IN 20 \_\_\_\_\_ (PARTIAL  
YEAR RESIDENTS ARE REQUIRED TO FILE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE