

**CITY OF NORWALK
INCOME TAX DEPARTMENT**
38 WHITTLESEY AVE.
P.O. BOX 440
NORWALK OHIO 44857-0440

TAX YEAR 2011

SECTION 1: EXEMPTION CERTIFICATE

SECTION 2: ALTERNATE 1040

SECTION 3: SIGNATURES

MAIL COMPLETED FORMS TO:

NORWALK CITY INCOME TAX DEPT.
38 WHITTLESEY AVE., P.O. BOX 440
NORWALK, OHIO 44857-0440

**ALL RESIDENTS OF THE CITY OF NORWALK MUST FILE A
TAX RETURN BY APRIL 17, 2012**

**IF REQUIRED TO FILE FEDERAL 1040, COPY MUST BE
ATTACHED OR NORWALK ALTERNATE 1040 FORM MUST BE
COMPLETED, SIGNED & ATTACHED**

FOR QUESTIONS OR ASSISTANCE IN PREPARING YOUR
RETURN, CALL (419) 663-6720 OR VISIT THE INCOME TAX
DEPARTMENT AT 38 WHITTLESEY AVENUE, NORWALK, OHIO
(NEXT TO THE FIRE STATION). **NORWALK TAX FORMS MAY BE
DOWNLOADED FROM OUR WEBSITE: www.norwalkoh.com**
e-mail: norinctax@accnorwalk.com

Soc. Sec. # _____

Spouse Soc. Sec. # _____

(If a joint return, spouse's first name, initial and Soc. Sec. #)

SECTION 1 - EXEMPTION CERTIFICATE

**MY SOLE INCOME FOR 2011 WAS ONE OF THE FOLLOWING THEREFORE; THIS EXEMPTION CERTIFICATE SATISFIES THE 2011 FILING REQUIREMENT. PLEASE
CHECK THE APPROPRIATE BOX IN THIS SECTION 1, SIGN BELOW IN SECTION 3, DATE AND MAIL THIS FORM; A SIGNATURE IS REQUIRED.**

- SOCIAL SECURITY BENEFITS, PENSION WORKERS COMPENSATION ACTIVE MILITARY SERVICE
- INTEREST AND/OR DIVIDEND INCOME TOTAL PERMANENT DISABILITY
- A.D.C./GENERAL PUBLIC ASSISTANCE UNEMPLOYMENT COMPENSATION
- UNDER AGE 18 FOR ENTIRE TAX YEAR (If applying for a refund, copy of driver's license or birth certificate required)
- OTHER (PLEASE EXPLAIN) _____
- TAXPAYER DECEASED PRIOR TO 2011 _____ (DATE)
- MOVED OUT OF NORWALK IN 2010 _____ (DATE) (Partial Year Residents In 2011 Are Required To File)

SECTION 2 - ALTERNATE 1040

******THIS SECTION MUST BE COMPLETED ONLY IF YOU CHOOSE NOT TO SUBMIT A PHOTO
COPY OF YOUR FEDERAL 1040, 1040A OR 1040EZ. IT IS FILED ALONG WITH YOUR CITY OF NORWALK FINAL INCOME TAX RETURN AND ANY COPIES
OF FEDERAL SCHEDULES C, C-EZ, E, F, IF APPLICABLE. SCHEDULES A AND 2106 ARE NECESSARY IF TAXPAYER SEEKS EMPLOYEE BUSINESS
EXPENSE DEDUCTION.**** SIGNATURE REQUIRED, SEE SECTION 3**

- FILING STATUS: Single Married filing joint return (even if only one had income) Married filing separate return
- Enter spouse's social security number above and full name here: _____
- Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter
the child's name here: _____
- Qualifying widow(er) with dependent child. Year spouse died: _____

ENTER THE EXACT FIGURES USED ON YOUR FEDERAL FORM 1040, 1040A, 1040EZ AND 1040TEL.

Line	1040	1040A	1040EZ	1040TEL	
	7	7	1		Wages, salaries, tips, etc. (attach Form(s) W-2) If using 1040TEL, DO NOT INCLUDE INTEREST
Line	12	N/A	N/A	N/A	Business income or (loss) (attach Schedule C or C-EZ, including cost of goods manufactured and/or sold)
Line	17	N/A	N/A	N/A	Rental real estate, royalties, partnerships, S Corporations, trusts, etc. (attach Schedule E)
Line	18	N/A	N/A	N/A	Farm income or (loss) (attach Schedule F)
Line	21	N/A	N/A	N/A	Other income (list type and amount and attach documentation)

SECTION 3 - SIGNATURES

CHECK BOX NEXT TO SIGNATURE TO AUTHORIZE CITY TO DISCUSS RETURN WITH PREPARER.

**THE UNDERSIGNED DECLARES THAT THIS FORM (AS COMPLETED IN LIEU OF FORM 1040, 1040A, 1040EZ OR 1040TEL), IS A TRUE, CORRECT AND
COMPLETE FORM FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX
PURPOSES. I certify that all information in Section 1 (Exemption) to be true & correct.**

Signature of Person Preparing, if Other than Taxpayer	Date	Signature of Taxpayer or Agent (Required)	Date
		<input type="checkbox"/>	
Address or Name and Address of Firm or Employer - Phone No. ()		Signature of Spouse, if joint return	Date