

# Village of Hicksville EXEMPTION FROM FILING FORM

(If you qualify for an exemption from filing - Complete this form -  
Return it to: Village of Hicksville - Income Tax Department)

**Name:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**If spouse's name is listed on enclosed tax form he/she must file unless they are also exempt from Filing.**

**Spouse:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please note the reason you or your spouse are exempt from filing Village of Hicksville Income Tax.**

## **Self Spouse**

**Active Duty Military or Peace Corp only income**

**as of** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .

**Under 18 at the end of the year**

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .

**Only income from Social Security and/or pension\***

**as of** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .

**Only income from Permanent Disability\***

**as of** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .

**\* Verification required upon request**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**