



Employee's Withholding Exemption Certificate
 To be used by those meeting the requirements of
The Military Spouses Residency Relief Act
 (Form must be completed annually)

(PRINT USING CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Social Security Number	First Name	Middle	Last Name
Address			
City	State	Zip Code	

I certify that I am not subject to City of Fairborn, OH withholding because I meet the requirements of the Military Spouses Residency Relief Act and I am legally domiciled in the State of _____, City/township of _____, for the year _____. I have attached copies of:

- * DD Form 2058 (State of Legal Residence Certificate)
- * My Spousal military ID Card
- * There service member's most recent leave and earnings statement

I certify that I no longer meet the requirements for exemption under the Military Spouses Residency relief Act. Therefore, I revoke my exemption and request that my employer withhold City of Fairborn income tax.

CAUTION: If you furnish an employer with an Employee's Withholding Exemption Certification that contains information with no reasonable basis resulting in no tax being withheld when it in fact should have been withheld, you are subject to penalty and interest in addition to the amount not properly withheld.

Employee's Signature _____ Date _____

I certify, under penalties provided by law, that I am entitled to exempt status

(Employer: Complete below and submit original to City of Fairborn, Keep a copy for your records.)

City of Fairborn Income Tax Division 44 W Hebble Ave. Fairborn, OH 45324

Employer Name (Please Print)	FEIN	
Employer Address		
City	State	Zip Code