

## City of Portland Revenue Division Bureau of Revenue & Financial Services



# Permanent Filing Exemption for Seniors or Permanently Disabled Individuals Arts Education and Access Income Tax

Send Form to: Revenue Division Arts Tax, PO Box 2820, Portland OR 97208-2820

Sena i Sim to. Nevende Division A	113 147,10	7 DOX 202	•			
Portland address that was the primary residence of the taxfiler	rs.				Check and complete le B on back of form	
Address (PO Box not allowed)	City			State	ZIP Code	
				OR	97	
2 Mailing address, if different from primary address in line 1.						
Address (PO Box allowed)	у			State	ZIP Code	
3 Does the household qualify for a household poverty exemp	tion? □Yes	(Complete	Schedule A or	n back of	form) No	
4 List everyone age 70 and older and/or permanently disable	d.					
Name (first, middle, last, suffix)	Birth Year			ption requested to start for		
			Tax Year:	=		
Email	Social Sec	urity Number	•			
			than \$1,000		I taxable income less	
Check one: ☐ Senior ☐ Permanently Disabled ☐ Both						
Name (first, middle, last, suffix)		Birth Year	Exemption requeste		ed to start for	
F2	0:-10	it No le	Tax Year:			
Email	Social Sec	urity Number	1_	if annual	I taxable income less	
			than \$1,000		Taxable internetion	
Check one: ☐ Senior ☐ Permanently Disabled ☐ Both						
Certification and Signature						
I certify that I was at least 70 years of age or permanently disal	bled as of Dec	cember 31 c	of the starting to	ax year r	noted above.	
I certify that for the most recently completed year, my primary security, federal Supplemental Security Income (SSI), federal retiree benefits (FERS or CSRS), VA disability or another sourcincome received was less than \$1000 <u>OR</u> the combined annual Poverty Level.	Railroad Retire ce that the Cit	ement, Oreg	gon PERS retired to the period of the period	rement b OR my t	enefits or federal total taxable	
I certify that the above is correct and that I will file an Arts Tax I US Treasury Interest, Social Security, SSI, federal Railroad Re another source that the City is prohibited from taxing) is \$1,000 Poverty Level.	etirement, Ore	gon PERS a	and federal reti	rement,	VA disability or	
The Taxfiler(s) declare under penalty of making a false statement	ent that the inf	formation pr	ovided herein	is true.		
I understand that the Revenue Division will verify this claim with Revenue Service. Penalties may be assessed if these claims of			the Division by	the U.S	. Internal	
Signature of Taxfiler or Authorized Representative	Date		Daytin	ne phone	number	
Signature of Taxfiler or Authorized Representative	Date		Daytin	ne phone	number	

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Disclosure of your Social Security number is required. This requirement is authorized under the Federal Privacy Act of 1974, the Tax Reform Act of 1976 and the Arts Tax Administrative Rules. Your Social Security number will be used by the Revenue Division to assist in the administration of the Arts Tax including, but not limited to, compliance with federal Form 1099 filing requirements and comparison of Arts Tax filings to federal taxfiler information.

### SCHEDULE A: Household Poverty Exemption (See Instructions)

Federal Poverty Guideline								
Persons in Household	2015	2014	2013	2012				
1	\$11,770	\$11,670	\$11,490	\$11,170				
2	\$15,930	\$15,730	\$15,510	\$15,130				
3	\$20,090	\$19,790	\$19,530	\$19,090				
4	\$24,250	\$23,850	\$23,550	\$23,050				
5	\$28,410	\$27,910	\$27,570	\$27,010				
6	\$32,570	\$31,970	\$31,590	\$30,970				
7	\$36,730	\$36,030	\$35,610	\$34,930				
8	\$40,890	\$40,090	\$39,630	\$38,890				
For households with more than 8 persons, add this amount for each additional person:	\$4,160	\$4,060	\$4,020	\$3,960				

Enter the annual income totals (from all sources) for each person in the household below, including children.

Name	Permanently Disabled?	Birth Year	SSN	SSN		me				
1					\$					
2					\$					
3					\$					
4	П			\$						
5	П				\$					
6	П				\$					
7					\$					
8	П				\$					
	n the household, attach an additiona	al sheet with each p	person's name and ag	ge and						
enter the income total here: \$										
			I household inco	F	\$					
		Number of pe	ersons in housel	nold: [						
	Don't forget to complete	line <b>5</b> on the f	ront of the form.							
SCHEDULE B: Change of	of Address (See Instructions)									
Name	Address		City	State	Zip Code	Move Date (mm/yy)				
☐ Check box if the new address entered above applies to all individuals listed as residing at this address.  If not, enter additional names and addresses below:										

Mailing address: Revenue Division Arts Tax, PO Box 2820, Portland OR 97208-2820

Phone: (503) 865-4278 Fax: (503) 865-3065 TTY: (503) 823-6868

Online: www.portlandoregon.gov/artstax (or www.artstax.net)

Physical address: Revenue Division, 111 SW Columbia Street, Suite 600, Portland, Oregon

### Arts Tax Permanent Filing Exemption Instructions

#### PURPOSE: Provides for a permanent filing exemption for qualified older or permanently disabled taxfilers

• Enter current Portland address or the Portland address that was the primary residence of the adult taxfilers during any portion of the requested starting tax year and all subsequent years. Do not complete this form if the residence is/was not within Portland city limits.

If any taxfiler has recently moved from the primary residence, check "Moved? Check and complete Schedule B on back of form."

• Enter the new address in **Schedule B** with the move date (month/year). If this address applies to all of the individuals included on the form, check the box. Otherwise, list each individual and his/her new address information.

If you were <u>not</u> a Portland resident at all you are not liable for the tax. Please complete Schedule B and return the form so that we can update your address in our records.

- 2 Enter the mailing address if different from the Portland address entered in line 1.
- 3 If the combined annual income<sup>1</sup> of all persons in the household<sup>2</sup> is at or below the federal poverty guideline for the requested starting year and all subsequent years (see chart in Schedule A on back of form), and you wish to claim a household poverty exemption, then check "Yes" on line 3. Otherwise, check "No."

### If you checked "Yes" and are claiming a household poverty exemption:

- Complete **Schedule A** on the *back* of the form instead of section **4** on the front of the form. Provide the name, age, Social Security Number (SSN) and individual annual income<sup>1</sup> for each *person in the household*<sup>2</sup> (including children) for the requested starting tax year. Calculate the sum of the annual incomes of the household members and enter the number of persons in the household. Income and household information will be verified using federal tax information.
- Skip to line 5.
- 4 If you are not claiming a household poverty exemption (you checked "No" on line 3):
  - List the full name, Social Security Number, year of birth, and email address of adults who were at least 70 years of age or permanently disabled as of December 31 of the requested starting tax year.
  - Check the applicable box: Senior (age 70+), Permanently Disabled, or Both.
  - Check "Annual taxable income less than \$1,000" if the individual had \$0 to \$999.99 in *taxable income* for the requested starting tax year (and all subsequent years). Income will be verified using Federal Tax Information.
- **5** Complete the Certification and Signature section by providing the signature(s) of the taxfiler(s) or authorized representative(s), the signature date(s), and the phone number(s).
  - By requesting this exemption and providing the information on this form, you are stating that you are at least 70 years old or permanently disabled during the first tax year of this request; that your only source of income is from the specific listed non-taxable sources; that if you have other income that could be considered taxable, it is less than \$1,000; <u>OR</u> you qualify for the poverty exemption based on the size of your household and total income based on the Federal Poverty guideline for the first and subsequent tax years of this request.
  - You understand that the Revenue Division will verify your income sources and may contact you if we find you have taxable income of \$1,000 or more or your household income is greater than the household poverty level for the tax year.
  - Finally, you are stating that you understand that if your financial situation changes, you are required to notify the Revenue Division and file an Arts Tax return for any tax year that you no longer qualify for this exemption.

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<sup>1</sup>Annual income for determining the federal poverty exemption follows the definition established by the US Census Bureau and

includes all income earned or received from any source in the requested calendar year, regardless of whether it is taxable under state or federal law. Examples of income include interest from individual or joint savings accounts or other interest bearing accounts, child support payments, alimony, disability income (including VA disability), unemployment assistance, sales of stocks and other property (even if sold at a loss), dividends, Social Security income (taxable or non-taxable), positive net income from a business and wages as an employee.

<sup>&</sup>lt;sup>2</sup>Persons in household includes all residents (adults and children) within a dwelling who file on a single federal or state tax return.

<sup>&</sup>lt;sup>3</sup>**Taxable income** can be from wages, self-employment, investments (excluding US Treasury interest), rentals, retirement (excluding Social Security, SSI, federal Railroad Retirement Act benefits, Oregon PERS, FERS, and CSRS), disability (excluding VA disability), unemployment, spousal/child support, or any other source that the City is not prohibited from taxing.

ARTSPFE 3/17/2016