STATEMENT OF EXEMPT INCOME

Non-Taxable Revenue Disclosure Form

TAXPAYER INFORMATION

Full Name / Entity Name

Tax Identification Number / SSN

Address

Tax Year / Reporting Period

Contact Number

DECLARATION OF NON-TAXABLE / EXEMPT REVENUE

List all sources of revenue or income received during the period that are exempt from taxation. Provide the applicable legal authority or tax code section supporting the exemption.

Source / Type of Exempt Income	Legal Authority / Tax Code Section	Amount
	Total Exempt Income:	

CERTIFICATION AND SIGNATURE

I hereby certify under penalty of perjury that the information provided in this statement is true, correct, and complete to the best of my knowledge and belief, and that the revenues listed above qualify as exempt or non-taxable under the specified laws and regulations.

Authorized Signature

Date

Print Name / Title