STATEMENT OF EXEMPT INCOME

Declaration of Non-Taxable Income Sources

Declarant Name:

Tax Identification No:

Address:

Statement Date:

Tax Year / Period:

Contact Number:

Source of Income / Payer Name	Exemption Code / Law reference	Amount
	Total Exempt Income:	

I hereby declare and certify under penalty of perjury that the information provided in this statement regarding my non-taxable and exempt income is true, correct, and complete to the best of my knowledge. I understand that any false or misleading representation may subject me to legal and financial penalties under applicable tax laws and regulations.

SIGNATURE OF DECLARANT

Date:

AUTHORIZED SIGNATURE / WITNESS

Date: