DECLARATION OF EXEMPT INCOME SOURCES

FULL NAME

TAX IDENTIFICATION NUMBER / SSN

ADDRESS

TAX YEAR / PERIOD

CONTACT NUMBER

I hereby declare and certify that the income received during the specified tax period from the sources listed below is exempt from taxation under the applicable tax laws, provisions, or international treaties.

SOURCE / PAYER OF INCOME	TYPE OF INCOME	LEGAL AUTHORITY / EXEMPTION CLAUSE	AMOUNT RECEIVED

Certification Statement:
I declare under penalty of perjury that the information provided in this document is, to the best of my knowledge and belief, true, correct, and complete. I agree to provide any supporting documentation required to verify the exempt status of the income listed above upon request.

SIGNATURE OF DECLARANT

DATE