

## TAX FILING EXEMPTION AFFIDAVIT

please type or print in ink

| PART A - PE          | ERSONAL DATA            |                                       |  |                              |  |
|----------------------|-------------------------|---------------------------------------|--|------------------------------|--|
| Name                 |                         |                                       |  |                              |  |
| SSN                  |                         | Address                               |  |                              |  |
| Birth Date           |                         |                                       |  |                              |  |
|                      |                         |                                       |  |                              |  |
| PART B - AF          | FIANT                   |                                       |  |                              |  |
| I,                   |                         | , being du                            | , being duly sworn, deposes and says as follows: |                              |  |
| _                    | to the Richmond Retirem | nent System that I was not r          | required to file federal                         | and/or state tax returns for |  |
| Signature of Affiant |                         |                                       | Date   |                              |  |
|                      |                         |                                       |  |                              |  |
| PART C - NO          | OTARY PUBLIC            |                                       |  |                              |  |
|                      | City/County of          |                                       |  |                              |  |
| 0 0                  | •                       | ged before me this d<br>(name of pers | •  | -                            |  |
| Notary Registrat     | eion Number<br>Expires  |                                       |  |                              |  |
|                      |                         |                                       |  |                              |  |
| RRS Use Onl          | У                       | •                                     |  |                              |  |
| Processed By         |                         | Reviewed By                           |  | ☐ ID Verified                |  |
| Processed Date       |                         | Reviewed Date                         |  |                              |  |