## **Exemption Claim Form**

PO BOX 64649

**SAINT PAUL MN 55164-0649** 

PLEASE NOTE: You still owe the ta			
f you wish to claim an exemption, you Revenue by <b>January 6, 2008</b> . The burd Minnesota Statute 550.37 subd. 14).	n must complete this form den of establishing that f	and return it to ands are exempt	the Department of rests upon the debtor
I was an inmate of a correctional	institution within the las	t six months at th	e following:
Correctional institution and lo	ocation		Release date
☐ I receive relief based on need now following program:	w or I have received it w	thin the last six	months from the
County		Program	
			End date
Case number (if known)	Start date	,	End date
Case worker's name  Chereby claim, under penalty of perjur  Cor the above reason. I further authorize	ase worker's phone number  ry, that my wages are exected any correctional institu	( )Case mpt from a levy tion in which I w	worker's fax number to pay delinquent taxe vas an inmate to
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shows through the window envelope.

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