

STATE OF OHIO )  
 )  
COUNTY OF \_\_\_\_\_ )

S.S.

**NOT REQUIRED TO PAY TAXES PER STATE AND  
FEDERAL LAW AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn, state that I am over the age of eighteen, am of sound mind, have firsthand knowledge of the following allegations and facts, and that based on my knowledge, these statements are true and accurate:

1. I am the parent of \_\_\_\_\_, Date of Birth \_\_\_\_\_.  
I am the parent of \_\_\_\_\_, Date of Birth \_\_\_\_\_.  
I am the parent of \_\_\_\_\_, Date of Birth \_\_\_\_\_.  
I am the parent of \_\_\_\_\_, Date of Birth \_\_\_\_\_.  
I am the parent of \_\_\_\_\_, Date of Birth \_\_\_\_\_.  
I am the parent of \_\_\_\_\_, Date of Birth \_\_\_\_\_.
2. I desire to have my child(ren) be determined an “eligible student” for purposes of the educational choice expansion scholarship program.
3. My address is \_\_\_\_\_.
4. My occupation is \_\_\_\_\_.
5. The last four (4) digits of my social security number are \_\_\_\_\_.
6. My spouse is \_\_\_\_\_.
7. The last four digits of my spouse’s Social Security number are \_\_\_\_\_.
8. I attest that I and my spouse are not required to file a Federal Income Tax Return.

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_

Sworn to and subscribed in my presence this \_\_\_ day of \_\_\_\_\_ 202\_\_.

\_\_\_\_\_

Notary Public

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