



District of Columbia Retirement Board (DCRB)
Benefits Department

900 7th Street, NW, 2nd Floor • Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001
www.dcrb.dc.gov

Affidavit of IRS Non-Filing

Tax Year Under Review: 2014

I, _____, am receiving a disability retirement annuity from the District of Columbia Police Officers and Firefighters' Retirement Plan ("Plan") and am under age fifty (50). I understand that under the terms of the Plan (D.C. Code §5-714), if I earn income from outside employment in excess of a certain amount, my disability retirement annuity may be terminated or reduced.

I understand that I am required to submit to annual income reviews until age fifty (50) and provide any information as requested by the District of Columbia Retirement Board ("DCRB") for this purpose.

I hereby certify that I did not and was not required to file a Federal income tax return for the tax year under review.

I understand that any willful falsification of information contained in this Affidavit may result in termination of my disability retirement annuity.

I certify under penalty of perjury under the laws of the Federal and District of Columbia governments, that the foregoing is true and correct.

Member's Signature
(Must sign in the presence of a Notary Public)

Date

Member's Printed Name

Notary Public Verification

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20_____

(SEAL)

Signature of Notary

Commission Expires

