

**Continuous Levy Exemption Claim Form**

Debtor Name:

Debtor SSN or ITIN:

If you think your payments are protected and you wish to claim an exemption, you must complete this form and return it to us. If you are claiming public assistance, please attach proof.

**Contact information**

Collection Division

Phone: 651-556-3003 or 1-800-657-3909 (toll-free)

Email: mdor.collection@state.mn.us

Fax: 651-556-5116

**Mailing address**

Minnesota Revenue

PO Box 64564

St. Paul, MN 55164-0564

**Note:** This exemption only applies to your continuous levy. The amount you owe will not change and we will still attempt to collect the debt in other ways.

I was an inmate of a correctional institution within the last six months at the following:

_____	_____
Correctional institution and location	Release date

I received government assistance based on need within the last six months.

_____	_____
County	Program

_____	_____	_____
Case number	Start date	End date

_____	_____	_____
Case worker's name	Case worker's phone number	Case worker's fax number

The information I provided on this form is accurate to the best of my knowledge and belief, and I authorize the Minnesota Department of Revenue to verify any information on it. By signing below, I

- give authority to any correctional institution in which I was an inmate to disclose when I was an inmate
- give authority to any agency from which I received assistance to disclose the type of assistance I received and the end date of that assistance

_____	_____	_____
Signature of person claiming exemption	Date	Daytime Phone