

**NORTH SCHUYLKILL SCHOOL DISTRICT
REQUEST FOR EXEMPTION FROM PER CAPITA TAX
FOR THE CURRENT SCHOOL YEAR**

Please print all items except signature:

YEAR _____

WARD _____

Man Married _____ Man Single _____

Woman Married _____ Woman Single _____

First Name Last Name

First Name Last Name

Street City

Street City

Age

Age

Disability, if any _____

Number of dependents in addition to persons named above _____

Property Owner Yes No
Are you dependent on another person for support?
 Yes No

Employed Yes No
Employer Name _____
Employer Address _____

If married, show joint income on the following items:

I hereby give my permission to the responsible authorities to verify the listed information:

INCOME FROM:
SOCIAL SECURITY \$ _____
BLACK LUNG \$ _____
PENSIONS \$ _____
OTHER SOURCES* \$ _____
TOTAL ANNUAL INCOME \$ _____

SIGNATURE _____
SOCIAL SECURITY NO. _____
DATE _____
SIGNATURE _____
SOCIAL SECURITY NO. _____
DATE _____

* Students are reminded that summer income must be reported.

**You must notify the tax office of any change in financial status.

***Income information may be substantiated from the Bureau of Social Security as a result of a release signed by the applicant for exemption.

If married, couple must sign.

Sworn and subscribed to before me this _____ day of _____
(month, year)

Signature _____

Seal

My commission expires _____ (date)

INCOME SCALE TO DETERMINE ELIGIBILITY FOR EXEMPTION FROM PER CAPITA TAX

<u>Under Age 65</u>	
NUMBER IN FAMILY	INCOME NOT EXCEEDING
1	\$2,300
2	\$2,800
3	\$3,300

<u>AGE 65 AND OVER</u>	
NUMBER IN FAMILY	INCOME NOT EXCEEDING
1	\$3,000
2	\$4,000
3	\$4,500

Please return this form on or before August 31, along with required copy of proof to:

**Berkheimer Tax Administrator
PO Box 912
Bangor, PA 18013-0912**