

PALMERTON AREA SCHOOL DISTRICT

680 FOURTH ST. PALMERTON, PA 18071

APPLICATION REQUEST FOR EXONERATION OF PER CAPITA TAX

I am requesting exoneration for one of the following reasons:

INDICATE TAX YEAR: _____

DEATH DURING THE TAX YEAR – Taxable resident who dies during the tax year.

Attach the following: Death Certificate

LOW INCOME – Less than \$5,000 annually for Individual; Less than \$10,000 annually for joint, based on the prior calendar year income. (Include income from all sources: Wages, Social Security, Pension, Dividends & Interest, Rents, Income from other sources.)

A request must be filed each year.

Attach one of the following: Federal or State Income Tax Return
Copy of Social Security Benefit Statement

MILITARY PERSONNEL – The taxpayer must be on active duty prior to July 1 of the tax year.
A request must be filed each year.

Attach the following: Military orders.

NON RESIDENT – Proof of payment of taxes to the tax collector based upon residency elsewhere.

Attach the following: Paid tax receipt

Name: _____ Telephone Number _____

Address: _____

I hereby affirm that the above information is true and correct. _____
Signature

SWORN & SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____,

Justice of the Peace

Or

Notary Public

