

**NORRISTOWN AREA SCHOOL DISTRICT
PETITION FOR EXONERATION OF NASD PERSONAL AND PER CAPITA TAXES**

I, _____
Name Street Address

_____ a resident of _____
Account Number Borough or Township Name

_____ Date of Birth Social Security Number Telephone Number

make this request for exoneration from the Norristown Area School District's Personal and Per Capita Tax for the year: _____.

I am requesting exoneration for one of the following reasons:

- OVER AGE** - Over 72 (Must reach 73rd birthday by July 1 of the tax year.)
Proof of Age must be enclosed.
- MINOR** - Under 18 years of age (must not have reached 18th birthday by July 1 of the tax year.) Proof of Age must be enclosed.
- FULL TIME STUDENT** - Attach proof of attendance of college. Required each year of exoneration.
- ARMED SERVICES** - Attach DD Form 214 or copy of orders.
- PRISON** - Attach DD Form 214 or copy of legal document.
- DISABLED OR BLIND** - Legally blind or 100% permanently disabled.
A physician's verification is required.
- NON-RESIDENT** - Person owns property in, but does not reside in, NASD. Proof of address must be enclosed, e.g., copy of utility bill, copy of mortgage or lease agreement.
- LOW INCOME** - Less than \$5,000 for Individual; \$10,000 for married couple.
MUST ENCLOSE ONE OF THE FOLLOWING:
 - Copy of Income Tax Return - Federal or State
 - Copy of Social Security Benefit Statement
 - Copy of Public Assistance Benefits

I affirm that the above statements are true and correct.

Signature Date

THIS FORM EXONERATES THE TAXPAYER FOR ONLY ONE YEAR

Please return this form and required copy of proof to:

**Berkheimer Tax Innovations
PO Box 25144
Lehigh Valley, PA 18002-5144**