

SALISBURY TOWNSHIP SCHOOL DISTRICT
1140 SALISBURY ROAD
ALLENTOWN, PA 18103
(Do not return application to this address, see bottom of form)

Exoneration must be filed
Prior to December 31 of
Fiscal taxing year.

“APPLICATION FOR EXONERATION”
SCHOOL PER CAPITA TAX
YEAR 20_____

Bill # _____

NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____

REASON FOR REQUEST FOR EXONERATION _____

(Please refer to the list below for acceptable reasons)

ACCEPTABLE REASONS FOR EXONERATION

- | | |
|---|--|
| 1. Paid to tax collector before contact | 7. Under 18 years of age |
| 2. Paid in another taxing district | 8. Exonerated per letter from taxing authority |
| 3. Moved – Left no address | 9. Insufficient earnings ^[1] under \$5,000 per person annually |
| 4. Deceased | 10. Statute of limitations expired |
| 5. Non-resident | 11. Active Military Duty ^[2] |
| 6. Double assessment | |

^[1] IF INSUFFICIENT EARNINGS (#9) IS USED, PLEASE PROVIDE THE FOLLOWING INFORMATION:
Annual income (reported to IRS as adjusted gross income)

| | | | |
|-------------------------|----------|---------------------------------|----------|
| SALARY OR WAGE | \$ _____ | NET RENT FROM PROPERTY | \$ _____ |
| PENSION/SOCIAL SECURITY | \$ _____ | INVESTMENTS | \$ _____ |
| TRADE OR BUSINESS | \$ _____ | PROFESSIONAL INCOME | \$ _____ |
| PUBLIC ASSISTANCE | \$ _____ | OTHER | \$ _____ |
| | | (ex. dividends, interest, etc.) | |
| | | TOTAL | \$ _____ |

^[2] IF ACTIVE MILITARY DUTY (#11) IS USED, PLEASE PROVIDE DEPLOYMENT DATE
_____. YOU MUST REAPPLY EACH YEAR FOR THIS EXEMPTION.

List additional information on a separate sheet which you believe will support your claim for exoneration.

I, _____, hereby swear (or affirm) that the above information is true and correct to the best of my knowledge and belief and any misinformation stated above shall cause my exoneration to be void. I further agree to furnish proof, when required, relative to any portion of this information. The Board of School Directors reserves the right to request a copy of your federal income tax return in support of this application.

Signature

Date

This application, supporting documentation and per capita bill are to be returned to:
Berkheimer Tax Innovations, PO Box 25144, Lehigh Valley, PA 18002-5144