

**BERKHEIMER TAX INNOVATIONS**

PO Box 25144  
Lehigh Valley, PA 18002-5144  
Phone: 1-610-599-3182

**NESHANNOCK TOWNSHIP SCHOOL DISTRICT**

**Guidelines and Instructions for Exoneration of Per Capita**

A. Instruction for **INCOME** Exoneration Application:

A new form must be completed every year.

Can be completed as an individual or as a married couple

Complete application for Individuals with an income of \$4,500.00 or less

Complete application for married couple with an income of \$7,000.00 or less

Provide income of all sources for the year previous to the subject tax year

**Submit Appl To: NESHANNOCK TOWNSHIP SCHOOL DISTRICT**

**3834 Mitchell Rd**

**New Castle, PA 16105**

Application must be submitted by the last day of October of the subject tax year.

B. Application for Exonerations of Per Capita (excluding income exonerations)

Complete Name, Address, Account #, Date, Tax Year and Sign Application

Check reason for exemption

Note: Applicant may be required to furnish additional information.

**Submit Appl To: BERKHEIMER TAX INNOVATIONS**

**PO Box 25144**

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**NESHANNOCK TOWNSHIP SCHOOL DISTRICT**

Per Capita Tax Exemption Request Form

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Tax Year: \_\_\_\_\_

Under penalties of perjury, I hereby certify that the information provided below is true and correct.

\_\_\_\_\_  
Signature of Applicant

**Reason for Exemption Request:**

\_\_\_\_\_ Individual under the age of 18

\_\_\_\_\_ Individual with an income of \$4,500.00 or less \*Complete Income Exoneration Application

\_\_\_\_\_ Married Couple with an income of \$7,000.00 or less \*Complete Income Exoneration Application

\_\_\_\_\_ Individual residing in a skilled nursing care center

\_\_\_\_\_ Individual who moved out of Neshannock District prior to July 1 of the subject tax year

\_\_\_\_\_ Individual deceased prior to July 1 of the subject tax year

\_\_\_\_\_ Individual who is active duty military personnel during the subject tax year

\_\_\_\_\_ Individual who is permanently disabled

\_\_\_\_\_ Individual who is a member of the clergy

\_\_\_\_\_ Individual who paid to another district during the subject tax year

\_\_\_\_\_ Individual who is a Retired Veteran

Applicant may be required to furnish additional information to clarify, verify or add to this application.  
Applicant is required to provide proof of income when filing INCOME Exoneration Application

**SUBMIT APPLICATION TO:**

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

**OFFICE USE ONLY:**

Request received by: \_\_\_\_\_ (initials)

Date Received: \_\_\_\_\_

Exemption: Granted / Refused

Date : \_\_\_\_\_