

RETURN ***WITH TAX NOTICE*** TO:  
BERKHEIMER TAX INNOVATIONS  
PO BOX 25144  
LEHIGH VALLEY PA 18002-5144

**DUE DATE: APRIL 30, 2025**

**CITY OF BUTLER PER CAPITA EXONERATION FORM  
SPRING TAX NOTICE 2025**

*PLEASE NOTE:* An exoneration request and/or approval apply only to the current period.  
A new form must be submitted for each year and each tax period.

**\*\*\* IF YOU EARNED OR RECEIVED \$10,000.00 OR MORE DURING 2024 YOU DO NOT QUALIFY FOR EXEMPTION:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

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ARE YOU EMPLOYED? Yes \_\_\_\_\_ No \_\_\_\_\_

ARE YOU RECEIVING SOCIAL SECURITY/DISABILITY/PENSION OR ANY OTHER INCOME?

IF YES, LIST MONTHLY AMOUNT \$ \_\_\_\_\_

TOTAL YEARLY INCOME FROM ALL SOURCES: \$ \_\_\_\_\_

**(A COPY OF YOUR W2 FORM OR SSI/SSD STATEMENT MAY BE REQUESTED)**

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**In addition to income requirements, you must also satisfy at least ONE of the following:**

REASON FOR EXONERATION REQUEST (PLEASE CHECK ALL THAT APPLY)

- 65 YEARS OF AGE OR OLDER----- PLEASE LIST DATE OF BIRTH \_\_\_\_\_
- LIVING IN A NURSING HOME
- WIDOW OR WIDOWER (OVER 50 YEARS OF AGE)
- ACTIVE MILITARY
- FULL TIME STUDENT --- SCHOOL YOUR ATTENDING \_\_\_\_\_
- PHYSICALLY DISABLED AND UNABLE TO WORK (LIST DISABILITY BELOW)
- MENTALLY HANDICAPPED

DESCRIPTION OF HANDICAP OR DISABILITY (IF APPLICABLE) \_\_\_\_\_

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***THE CITY OF BUTLER RESERVES THE RIGHT TO INDEPENDENTLY VERIFY ALL STATEMENTS MADE HEREIN:***

*I hereby declare that all statements made in the request are true and correct to the best of my knowledge.*

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY**

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APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_