

Union Twp.- School District
Petition for Exoneration of Per Capita Taxes
Mail to: Berkheimer Tax Innovations PO Box 25144 Lehigh Valley, PA 18002-5144

I, _____

Name	Street Address
Account Number	Township Name
Date of Birth	Telephone Number

Make this request for exoneration from the Union Twp. & School District's Per Capita Tax for the School Year 20____-20____. (Application must be received by November 1st of current tax year.) Mail to Berkheimer Tax Innovations PO Box 25144 Lehigh Valley, PA 18002-5144

I am requesting exoneration for one of the following reasons:

- MINOR- Under 18 years of age (must have reached 18th birthday by July 1 of the Year). Proof of age must be enclosed.
- Full Time Student- Attach proof of attendance of college-required each year of Exoneration. (School Invoice or class schedule)

Deceased- Date of Death and copy of Certificate

Disability- Proof of Disability.

Armed Services- Attach copy of orders.

Non-Resident- Does not reside in Union Area School District.

Proof of address must be enclosed, e.g. copy of utility bill, copy of mortgage or lease agreement. Low Income- Less than \$5,000.00 for individual; \$10,000.00 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 Benefit I affirm that the above statements are true and correct.

Signature

Date

Your application for request for exoneration of the per capita tax year 20__ - 20__ has been

Approved for 1 yr. Approved for Permanent Exoneration Denied Returned for additional information

Tax Collector Signature

Date