

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: _____

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)

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 YOU ARE ATTENDING _____
- ☐ PHYSICALLY DISABLED AND UNABLE TO WORK (LIST DISABILITY BELOW)
- ☐ MENTALLY HANDICAPPED

DESCRIPTION OF HANDICAP OR DISABILITY (IF APPLICABLE) _____

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

APPROVED _____ DISAPPROVED _____ SIGNATURE _____ DATE _____