

OCCUPATION TAX EXEMPTION FORM FOR THE YEAR 2019

U.S. POSTMARK OF DECEMBER 31ST IS THE LAST DATE AN
OCCUPATION TAX EXEMPTION FORM WILL BE ACCEPTED.

NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

Since a person's entitlement to an exemption under the guidelines of Policy #605 may change from time to time, any exemption granted hereunder shall be effective only for the occupation taxes due for the 2019 tax year. A new exemption form must be completed every year unless you (1) are over age 70 or (2) are permanently disabled.

Accordingly, the following are exempt from occupation taxes for the 2019 tax year for which such person makes application as hereinafter provided for (PLEASE CHECK REASON):

Any person who is less than eighteen (18) years of age on July 1 of the given tax year for which application for exemption is made.

Any person who is a full-time student and is less than twenty-six (26) years of age on July 1 of the given tax year for which application for exemption is made with earned income less than \$5,000.00 from an occupation, profession, or trade.

Any person residing within the school district who has earned income of \$5,000.00 or less in the current calendar year (January 1, 2019 through December 31, 2019) from an occupation, profession, or trade.

Any person who is 70 years or older in the given tax year for which application for exemption is made. A one-time application and proof of age (U.S. Passport, Permanent Resident Card, Driver's License, Photo ID issued by a government agency, Voter's Registration Card, Original or Certified Birth Certificate, Certification of Birth Abroad issued by a government agency) is required.

Any member of the armed services stationed or living outside of the district for at least three (3) months during the twelve (12) months prior to July 1 of the given tax year, although maintaining an address or domicile in the district.

Any full-time clergy or religious leader of a recognized religion. Name of Religious Organization: _____

DO YOU HAVE ANY INCOME FROM WAGES? YES NO IF YES: \$ _____
(Either Part-time, Full-time, or Self-employment)

HAVE YOU PHYSICALLY RESIDED IN YOUR TAXING DISTRICT AT LEAST THREE (3) OR MORE MONTHS DURING THE TWELVE (12) MONTHS ENDING JULY 1ST OF THIS YEAR? YES NO

IF NO: a. Where did you reside? _____

b. Why did you reside there? Student Military Service Other: _____

UNDER PENALTY FOR UNSWORN FALSIFICATION TO AUTHORITIES, 18 PA.C.S.A. 4094, I HAVE SIGNED THIS DECLARATION.

DATE _____ SIGNATURE _____



Complete and Return to:
BERKHEIMER/HAB-MISC
PO BOX 25144
LEHIGH VALLEY, PA
18002-5144