OCCUPATION TAX EXEMPTION FORM FOR THE YEAR 2024

U.S. POSTMARK OF DECEMBER $31^{\rm ST}$ IS THE LAST DATE AN OCCUPATION TAX EXEMPTION FORM WILL BE ACCEPTED.

NAME:	ADDRESS:
PHONE NUMBER:	DATE OF BIRTH:
	tion under the guidelines of Policy #605 may change from time to time, any ective only for the occupation taxes due for the 2024 tax year.
Accordingly, the following are exempt fractions as hereinafter provided for (PLEASE CH	m occupation taxes for the 2024 tax year for which such person makes application (CK REASON):
Any person who is less than eighteer	(18) years of age on July 1 of the given tax year for which application for exemption is
	and is less than twenty-six (26) years of age on July 1 of the given tax year for which ed income less than \$5,000.00 from an occupation, profession, or trade.
Any person residing within the school, 2024 through December 31, 2024) from a	district who has earned income of \$5,000.00 or less in the current calendar year (January n occupation, profession, or trade.
and proof of age (U.S. Passport, Permanen	n the given tax year for which application for exemption is made. A one-time application Resident Card, Driver's License, Photo ID issued by a government agency, Voter's Certificate, Certification of Birth Abroad issued by a government agency) is required.
	ationed or living outside of the district for at least three (3) months during the twelve (12) although maintaining an address or domicile in the district.
Any full-time clergy or religious leade	of a recognized religion. Name of Religious Organization:
OO YOU HAVE ANY INCOME FROM WAG	ES? YES NO IF YES: \$
(Either Part-time, Full-time, or Self-emplo	 /ment)
HAVE YOU PHYSICALLY RESIDED IN YOU TWELVE (12) MONTHS ENDING JULY 1 ^S	UR TAXING DISTRICT AT LEAST THREE (3) OR MORE MONTHS DURING THE OF THIS YEAR? YES NO
IF NO: a. Where did you reside?	
b. Why did you reside th	ere? Student Military Service Other:
JNDER PENALTY FOR UNSWORN FALS DECLARATION.	FICATION TO AUTHORITIES, 18 PA.C.S.A. 4094, I HAVE SIGNED THIS
DATE	SIGNATURE
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	Complete and Return to: BERKHEIMER/HAB-MISC
	PO BOX 25144
	IEHIGH VALLEY DA 19002 E144