

**BERKHEIMER TAX INNOVATIONS**

PO Box 25144  
Lehigh Valley, PA 18002-5144  
Phone: 1-610-599-3182

**NESHANNOCK TOWNSHIP SCHOOL DISTRICT**

**Guidelines and Instructions for Exoneration of Per Capita**

A. Instruction for **INCOME** Exoneration Application:

A new form must be completed every year.

Can be completed as an individual or as a married couple

Complete application for Individuals with an income of \$4,500.00 or less

Complete application for married couple with an income of \$7,000.00 or less

Provide income of all sources for the year previous to the subject tax year

**Submit Appl To: NESHANNOCK TOWNSHIP SCHOOL DISTRICT**

**3834 Mitchell Rd**

**New Castle, PA 16105**

Application must be submitted by the last day of October of the subject tax year.

B. Application for Exonerations of Per Capita (excluding income exonerations)

Complete Name, Address, Account #, Date, Tax Year and Sign Application

Check reason for exemption

Note: Applicant may be required to furnish additional information.

**Submit Appl To: BERKHEIMER TAX INNOVATIONS**

**PO Box 25144**

**Lehigh Valley, PA 18002-5144**

**APPLICATION FOR EXONERATION FROM COLLECTION OF PER CAPITA TAX  
LEVIED BY THE NESHANNOCK TOWNSHIP SCHOOL DISTRICT**

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Check the appropriate blank: \_\_\_\_\_ Married \_\_\_\_\_ Unmarried

I/We do hereby formally apply for an income exoneration from the Per Capita Tax pursuant to the guidelines established by Resolution authorizing such exoneration, adopted by the Board of School Directors June 11, 1981. Income is from **all sources** received during the previous calendar year \_\_\_\_\_.

I. Gross income (Form 1040 or 1040A or 1040 EZ) \_\_\_\_\_

- II. Items of income not taxed:
- (a) Social Security income \_\_\_\_\_
  - (b) Supplemental security income \_\_\_\_\_
  - (c) Unemployment benefits (in excess of amount reported on Form 1040) \_\_\_\_\_
  - (d) Interest & dividends not reported \_\_\_\_\_
  - (e) Capital gains (tax preference items) \_\_\_\_\_
  - (f) Public assistance benefits \_\_\_\_\_
  - (g) Other income (list items) \_\_\_\_\_

\_\_\_\_\_

TOTAL Income **not taxed** \_\_\_\_\_

TOTAL **COMBINED** ANNUAL INCOME FROM ALL SOURCES \_\_\_\_\_

I/We, the undersigned, declare under penalty of law including penalty of perjury that the information contained in this Application has been examined by me/us, and to the best of my/our knowledge, is true, correct, and complete. I/We shall provide any supporting documents, including but not limited to copies of any tax return or W-2 form, as may be requested by the School District in considering the Application for Exoneration from Per Capita Tax, and I/we do understand that failure to provide requested documentation shall be a basis for denying approval of exoneration.

Verified Income: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Dated: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

By the School Board \_\_\_\_\_  
(date)

APPLICATIONS MUST BE SUBMITTED TO THE NESHANNOCK TOWNSHIP SCHOOL DISTRICT BUSINESS OFFICE, 3834 MITCHELL ROAD, NEW CASTLE, PENNSYLVANIA BY THE END OF OCTOBER OF THE CURRENT TAX YEAR.