

**PALMERTON AREA SCHOOL DISTRICT**

680 FOURTH ST. PALMERTON, PA 18071

**APPLICATION REQUEST FOR EXONERATION OF PER CAPITA TAX**

I am requesting exoneration for one of the following reasons:

**INDICATE TAX YEAR:** \_\_\_\_\_

**DEATH DURING THE TAX YEAR** – Taxable resident who dies during the tax year.

Attach the following: Death Certificate

**LOW INCOME** – Less than \$5,000 annually for Individual; Less than \$10,000 annually for joint, based on the prior calendar year income. (Include income from all sources: Wages, Social Security, Pension, Dividends & Interest, Rents, Income from other sources.)

A request must be filed each year.

Attach one of the following: Federal or State Income Tax Return  
Copy of Social Security Benefit Statement

**MILITARY PERSONNEL** – The taxpayer must be on active duty prior to July 1 of the tax year.  
A request must be filed each year.

Attach the following: Military orders.

**NON RESIDENT** – Proof of payment of taxes to the tax collector based upon residency elsewhere.

Attach the following: Paid tax receipt  
Or Copy of moving permit

Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby affirm that the above information is true and correct. \_\_\_\_\_  
Signature

SWORN & SUBSCRIBED TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,

Justice of the Peace

Or

Notary Public