

SHENANDOAH VALLEY SCHOOL DISTRICT

REQUEST FOR ANNUAL EXONERATION FROM PER CAPITA TAXES

NAME: _____

ADDRESS: _____

FINANCIAL STATUS OF APPLICANT FOR EXONERATION

In order to receive consideration, EVERY question MUST be answered.

1. Date of birth: _____ (Provide proof, if 70 years of age or older.)
2. MARITAL STATUS: Single _____ Married _____ Widow _____
Widower _____ Divorced _____
3. Are you permanently disabled? Yes _____ No _____ (If yes, provide medical proof.)
4. Is disability service connected? Yes _____ No _____
5. Number of persons in your household: _____
6. Do you own or rent the property in which you live? Own _____ Rent _____
7. Do you own any other real estate? Yes _____ No _____
8. Are you the Head of the Household? Yes _____ No _____
9. Are you CURRENTLY: Employed _____ Laid-off _____ Retired _____
Unemployed _____
10. Employer's Name & Address: _____

11. Source and amount of ALL monthly income?
Wages: \$ _____ Pension(s): \$ _____ Social Security: \$ _____
Disability Benefits (Black Lung, etc.): \$ _____
Alimony/Support: \$ _____ Public Assistance: \$ _____
Other (Identify): \$ _____

12. TOTAL Monthly Income (from above): \$ _____

13. List below the names of persons dependent upon you or living with you and their relationship to you.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Monthly Income</u>	<u>Where Employed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Report here any other information, not given, which you believe will support your claim for exoneration:

15. Give names and addresses of at least two (2) persons (not related to you) who are familiar with your circumstances:

I certify, UNDER PENALTY OF LAW, that the above information is true and correct, and WILL HAVE THIS PAPER NOTARIZED.

Signature

Notary Public (Signature)

Date

Seal:

Caution: Any person who knowingly makes any incomplete, false or fraudulent return, or attempts to do anything whatsoever to avoid full disclosure shall, upon conviction therefore, before any Justice of the Peace, alderman or Magistrate or Court of Copetent Jurisdiction, in the County in which the political subdivision imposing the tax is located may be sentenced to pay a fine of not more than five hundred (\$500.00) dollars for each offense and costs, and in default of payment of said fine and costs to be imprisoned for a period not exceeding 30 days.

FOR OFFICIAL USE ONLY:

Date: _____

TOTAL ANNUAL INCOME: \$ _____

Approved: _____

Rejected: _____

SHENANDOAH VALLEY SCHOOL DISTRICT
805 WEST CENTER STREET, SHENANDOAH, PA 17976

CLAIM FOR EXEMPTION FROM
OCCUPATION TAX

\$50.00

LEVIED BY THE SHENANDOAH VALLEY SCHOOL DISTRICT

I, _____, of WEST MAHANoy TOWNSHIP
(print name) (borough/township)

(address)

Hereby claim exemption from the occupation tax imposed by the Shenandoah Valley School District for the following reason:

INCOME LIMIT NOT TO EXCEED \$5,000.

(Check One)

- _____ I am a housewife, and I do not have an occupation at this time and I do not anticipate that I will have an occupation at any time during the remainder of the present school year.
- _____ I am retired, and I do not have an occupation at this time and I do not anticipate that I will have an occupation at any time during the remainder of the present school year.
- _____ I am not retired or a housewife, but my total income from gainful employment in an income producing occupation will not exceed \$5,000.
- _____ I am a full-time college student and my total income from gainful employment in an income producing occupation will not exceed \$5,000.

I am aware that I have a duty to inform the School District or Tax Collector immediately if I acquire an occupation any time hereafter. I am also aware that this claim is only valid for the present school year and that I must file a similar claim each year in order to remain exempt from the occupation tax of \$50.00.

I verify that the statements made in this claim are true and correct. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. 4904 relating to unsworn falsification to authorities.

Social Security Number

Date of Birth

Date

Signature

SHENANDOAH VALLEY SCHOOL DISTRICT
**SENIOR CITIZEN PERMANENT EXONERATION
PER CAPITA TAXES**

NOTE: You must be 70 years old, PRIOR to July 1st in the year you are filling in order to be permanently exonerated from paying this tax. **PROOF OF AGE IS REQUIRED!**

NAME: _____

ADDRESS: _____

In order to receive consideration, EVERY question MUST be answered.

1. Date of Birth _____
(Provide proof: i.e., Birth or Baptismal certificate, etc.)
2. Marital Status: Single _____ Married _____ Widow _____
 Widower _____ Divorced _____
3. Number of persons in your household: _____
Please list names and ages: _____

4. Do you own or rent the property in which you live? Own _____ Rent _____
5. Do you own any other real estate? Yes _____ No _____
6. Are you the HEAD of the household? Yes _____ No _____

I certify, UNDER PENALTY OF LAW, that the above information is true and correct, and WILL HAVE THIS PAPER NOTARIZED.

Signature _____

Notary Public (Signature) _____

Date _____

Seal:

SHENANDOAH VALLEY SCHOOL DISTRICT

STUDENT REQUEST FOR ANNUAL EXONERATION FROM PER CAPITA TAXES

TO: *The Board of Directors of the Shenandoah Valley School District*

*I certify that I am presently a full-time student at _____
and hereby petition you for exoneration from my School Per Capita Taxes for the year
20 ____ .*

Name (please print)

Date of Birth

Address

Social Security Number

Signature of Applicant

Date

Signature of Parent/Guardian

Date

SHENANDOAH VALLEY SCHOOL DISTRICT
805 WEST CENTER STREET, SHENANDOAH, PA 17976

CLAIM FOR EXEMPTION FROM
OCCUPATION TAX

\$50.00

LEVIED BY THE SHENANDOAH VALLEY SCHOOL DISTRICT

I, _____, of SHENANDOAH
(print name) (borough/township)

(address)

Hereby claim exemption from the occupation tax imposed by the Shenandoah Valley School District for the following reason:

INCOME LIMIT NOT TO EXCEED \$5,000.

(Check One)

- _____ I am a housewife, and I do not have an occupation at this time and I do not anticipate that I will have an occupation at any time during the remainder of the present school year.
- _____ I am retired, and I do not have an occupation at this time and I do not anticipate that I will have an occupation at any time during the remainder of the present school year.
- _____ I am not retired or a housewife, but my total income from gainful employment in an income producing occupation will not exceed \$5,000.
- _____ I am a full-time college student and my total income from gainful employment in an income producing occupation will not exceed \$5,000.

I am aware that I have a duty to inform the School District or Tax Collector immediately if I acquire an occupation any time hereafter. I am also aware that this claim is only valid for the present school year and that I must file a similar claim each year in order to remain exempt from the occupation tax of \$50.00.

I verify that the statements made in this claim are true and correct. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. 4904 relating to unsworn falsification to authorities.

Social Security Number

Date of Birth

Date

Signature