

Union Twp.- School District  
Petition for Exoneration of Per Capita Taxes  
Mail to: Berkheimer Tax Innovations PO Box 25144 Lehigh Valley, PA 18002-5144

I, \_\_\_\_\_  
Name Street Address  
\_\_\_\_\_  
Account Number Township Name  
\_\_\_\_\_  
Date of Birth Telephone Number

Make this request for exoneration from the Union Twp. & School District's Per Capita Tax for the School Year 20\_\_\_\_-20\_\_\_\_. (Application must be received by November 1<sup>st</sup> of current tax year.) Mail to Berkheimer Tax Innovations PO Box 25144 Lehigh Valley, PA 18002-5144

I am requesting exoneration for one of the following reasons:

- ☐ MINOR- Under 18 years of age (must have reached 18<sup>th</sup> birthday by July 1 of the Year). Proof of age must be enclosed.
- ☐ Full Time Student- Attach proof of attendance of college-required each year of Exoneration. (School Invoice or class schedule) ☐

Deceased- Date of Death and copy of Certificate

☐ Disability- Proof of Disability.

☐ Armed Services- Attach copy of orders.

☐ Non-Resident- Does not reside in Union Area School District.

Proof of address must be enclosed, e.g. copy of utility bill, copy of mortgage or lease agreement. ☐ Low Income- Less than \$5,000.00 for individual; \$10,000.00 for married couple.

Must enclose one of the following:

- Copy of income Tax Return-Federal or State

- Copy of Social Security Benefit Statement
  - Copy of Public Assistance Benefit
- I affirm that the above statements are true and correct.

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Signature

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Date

Your application for request for exoneration of the per capita tax year 20\_\_ - 20\_\_ has been

☐ Approved for 1 yr. ☐ Approved for Permanent Exoneration ☐ Denied ☐ Returned for additional information

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Tax Collector Signature

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Date