

**NORTH SCHUYLKILL SCHOOL DISTRICT  
REQUEST FOR EXEMPTION FROM PER CAPITA TAX  
FOR THE CURRENT SCHOOL YEAR**

Please print all items except signature:

YEAR \_\_\_\_\_

WARD \_\_\_\_\_

Man Married \_\_\_\_\_ Man Single \_\_\_\_\_

Woman Married \_\_\_\_\_ Woman Single \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Age \_\_\_\_\_

Age \_\_\_\_\_

Disability, if any \_\_\_\_\_

Number of dependents in addition to persons named above \_\_\_\_\_

Property Owner  Yes  No  
Are you dependent on another person for support?  
 Yes  No

Employed  Yes  No  
Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_

If married, show joint income on the following items:

I hereby give my permission to the responsible authorities to verify the listed information:

INCOME FROM:  
SOCIAL SECURITY \$ \_\_\_\_\_  
BLACK LUNG \$ \_\_\_\_\_  
PENSIONS \$ \_\_\_\_\_  
OTHER SOURCES\* \$ \_\_\_\_\_  
TOTAL ANNUAL INCOME \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_  
DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_  
DATE \_\_\_\_\_

\* Students are reminded that summer income must be reported.

\*\*You must notify the tax office of any change in financial status.

\*\*\*Income information may be substantiated from the Bureau of Social Security as a result of a release signed by the applicant for exemption.

If married, couple must sign.

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_  
(month, year)

Signature \_\_\_\_\_

Seal

My commission expires \_\_\_\_\_ (date)

**INCOME SCALE TO DETERMINE ELIGIBILITY FOR EXEMPTION FROM PER CAPITA TAX**

<b><u>Under Age 65</u></b>	
NUMBER IN FAMILY	INCOME NOT EXCEEDING
1	\$2,300
2	\$2,800
3	\$3,300

<b><u>AGE 65 AND OVER</u></b>	
NUMBER IN FAMILY	INCOME NOT EXCEEDING
1	\$3,000
2	\$4,000
3	\$4,500

*Please return this form on or before August 31, along with required copy of proof to:*

**Berkheimer Tax Innovations  
PO Box 25144  
Lehigh Valley, PA 18002-5144**