

**NORTHEASTERN SCHOOL DISTRICT
REQUEST FOR EXEMPTION FROM
PER CAPITA AND SPECIAL TAXES**

FISCAL YEAR _____ - _____

INSTRUCTIONS:

To request exemption from per capita and special taxes:

- 1.) Check the reason you are requesting the exoneration.
- 2.) Complete any additional information under the category checked.
- 3.) Return this form with your original tax bill.
- 4.) Pay all other taxes – you may still owe occupation taxes

INCOMPLETE REQUESTS WILL **NOT** BE HONORED.

REQUEST FORM:

_____ 1.) My total income from ALL sources added together, and as reported on my prior year federal tax return, is less than \$5,000. This includes income from the following sources:

- | | |
|-----------------------------|---|
| ▪ Salary/Wages | ▪ Annuities |
| ▪ Bonuses | ▪ Pensions |
| ▪ Commissions | ▪ Distributions from retirement plans or IRAs |
| ▪ Benefits | ▪ Rental Income |
| ▪ Social Security | ▪ Profits from a Corporation or Partnership |
| ▪ Public Assistance | ▪ Income from Self Employment |
| ▪ Disability | ▪ Other Income Sources |
| ▪ Unemployment Compensation | |
| ▪ Interest and Dividends | |

_____ 2.) I am under 18 years of age during the current tax year. Birthdate: _____

_____ 3.) I am a member of the Armed Forces of the United States on active duty.
Stationed at: _____
Branch of Service: _____

Note: If the taxpayer is not available to file this request, please complete the following information and sign below as their representative:

Name of person completing this form: _____

Relationship to the taxpayer: _____

I hereby request exemption from the per capita and special taxes levied by Northeastern School District for the fiscal year named above for the reason. I verify the information and statements herein are correct and subject to penalties of the 18 PA C.S. 4904 relating to unsworn falsification to the authorities.

Taxpayer Name (Please Print)

Taxpayer Signature (or Representative)

Bill Number

Date

DEDUCT the following from your payment:

BEFORE 9/1	9/2 TO 11/1	AFTER 11/1
DISCOUNT \$ 9.80	FACE \$ 10.00	PENALTY \$ 11.00

Form must be completed each year of exemption.

TAX COLLECTOR Mount Wolf Borough Charles Stambaugh P.O. Box 357 Mount Wolf, PA 17347 (717) 266-1574
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