

Mail Completed Form To:
PO Box 519
IRWIN PA 15642
FAX: 1-412-927-3634

PHOENIXVILLE AREA SCHOOL DISTRICT
EXEMPTION APPLICATION
PER CAPITA TAX • OCCUPATION ASSESSMENT TAX



Form must be filed annually by April 15

DO NOT USE THIS FORM TO APPEAL YOUR OCCUPATION ASSESSMENT

_____ Township/Borough

Name _____ Account # _____
(as indicated on bill)

Address _____ Tax Year _____

_____ SSN _____

Phone _____ Employer _____

Moved
Previous address _____ Current address _____

Move-out date _____ Move-in date _____

Provide copy of lease, deed or utility bill covering above dates

Age Exemption
Date of birth _____ *Under age 18 on July 1 of the subject tax year; provide copy of birth certificate or valid driver's license.*

Deceased
Date of death _____ *Provide copy of death certificate or obituary*

Exemption from Occupation Tax
Annual income (from assessed occupation) _____
May not exceed \$10,000. Provide documentation. For example: W-2; 1099; PA-40; Schedule(s) C, E, F, and/or RK-1. Income exemption does not apply to per capita tax.

Exemption from Per Capita Tax

I declare under penalty of law that the information stated here and submitted with this form is true and correct. I understand and acknowledge that the information I provide with this application is subject to verification and audit at any time.

_____ Signature of Applicant

_____ Date