

Mail Completed Form To:
P.O. BOX 519
IRWIN PA 15642
Fax: 1-724-978-0339

Occupation Tax Exemption Application



School District or Municipality

Name: _____ Tax Year _____
Address: _____ SSN: _____
City/State/Zip: _____ Account Number _____

This universal Exemption Application may be used by any PA taxpayer whose community has adopted one or more tax exemptions. Applicant may be required to furnish additional information (including a copy of applicant's Pennsylvania state income tax return) to clarify, verify or support this application.

Income Exemption

Annual Income: \$ _____

(If an Income Exemption was adopted by your taxing jurisdiction, then you must meet the income requirements established by your community. Provide documentation. For example: W-2; PA-40; Schedule(s) C, E, F, and/or RK-1.)

Employer: _____

Age Exemption

Date of Birth: _____
mm / dd / yyyy

(If an Age Exemption was adopted by your taxing jurisdiction, then you must meet the requirements established by your community.)

Deceased

Date of Death: _____
mm / dd / yyyy
(Provide copy of death certificate)

Non-Resident

Move in Date: _____ Move out Date: _____
mm / dd / yyyy mm / dd / yyyy

Other reason for seeking exemption

(Check only if an exemption other than those listed above apply in your community.)

Information received by the Tax Collector is considered CONFIDENTIAL and for official purposes relating to the collection, administration and enforcement of the 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

Approved

OFFICIAL USE ONLY

Denied

Date