

Mail Completed Form To:  
**P.O. BOX 519**  
**IRWIN PA 15642**  
Fax: 1-412-927-3634

# Per Capita Tax Exemption Application



\_\_\_\_\_  
School District or Municipality

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Tax Year \_\_\_\_\_  
SSN \_\_\_\_\_  
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.*

Non-Resident

Previous Address	_____	Current Address	_____
	_____		_____
Move in Date:	_____	Move in Date:	_____
	mm dd yyyy		mm dd yyyy
Move out Date:	_____	Move out Date:	_____
	mm dd yyyy		mm dd yyyy

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

Age Exemption

Date of Birth: \_\_\_\_\_

mm dd yyyy

*Provide copy of birth certificate or valid driver's license*

Deceased

Date of Death: \_\_\_\_\_

mm dd yyyy

*Provide copy of death certificate*

Income Exemption

Annual Income (from all sources): \$ \_\_\_\_\_

*If an Income Exemption was adopted by your taxing jurisdiction, then you must meet the income requirements established by your community. Include a copy of your 1040 Tax Form along with any W-2(s), 1099(s), Form SSA-1099, or other supporting documentation. Note: all sources of income includes (but is not limited to): wages, salary, fees, commission, gross business income, retirement pension, Social Security, TANF, child support, alimony or separate maintenance payments, military pay, unemployment compensation, interest, rents, royalties, dividends, annuities, income from estates or trusts.*

Other reason for seeking exemption \_\_\_\_\_

*Check only if an exemption other than those listed above apply in your community. Include applicable supporting documentation.*

**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