

Mail Completed Form To:
PO BOX 519
IRWIN PA 15642
Fax: (412) 927-3634

Tax Exemption Application

Steeltion-Highspire School District



Notice: *If your circumstances change and you become subject to the tax, you must pay the tax due as determined by the calendar payment period.*

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

Occupation Tax • Per Capita and Residence Tax

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*

If you moved from the Steeltion-Highspire School District before July 1 of the subject tax year, please provide proof of residence such as a copy of a lease, deed, or utility bill dated before July 1. If you moved to the Steeltion-Highspire School District after July 1 of the subject tax year, you will be responsible for payment of the tax unless you paid an occupation tax to your prior school district. Please provide proof of payment.

Under age 18 or over age 75: Date of Birth: _____
On or before July 1 of the subject tax year *mm dd yyyy*

Deceased: Date of Death: _____
If the taxpayer was deceased before July 1 of the subject tax year, please provide a copy of a death certificate *mm dd yyyy*

For Occupation Assessment Tax ONLY

- Income Exemption: *To the best of my knowledge, I expect to earn less than \$4,000 during the current calendar year*
Income includes: wages, salaries, fees, tips, gratuities, commissions, bonuses, incentive payments, vacation or holiday pay, termination or severance pay, sick pay unless excluded, reimbursement in excess of allowable business expenses, any other income received for services rendered, net profits from the operation of a business or profession.
- Retired
- Homemaker
- Active-Duty Military
- Full-Time Student: *To the best of my knowledge, I expect to earn less than \$4,000 during the current calendar year.*

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 examination at any time.

Signature of Applicant

Date