

Send to  
P.O. Box 519  
Irwin, PA 15642  
Fax: 1-724-978-0339

**Tax Exemption Application**  
Phoenixville Area School District  
**Per Capita Tax • Occupation Assessment Tax**



*Form Must Be Filed Annually by April 15*

**Do Not Use This Form To Appeal Your Occupation Assessment**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip*

Township/Borough \_\_\_\_\_

Account Number \_\_\_\_\_

Invoice Number \_\_\_\_\_

Tax Year July 1, 20 \_\_\_\_ June 30, 20 \_\_\_\_

Under Age 18  Moved  Deceased

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Moved Date*

\_\_\_\_\_  
*Date of Death*

Exemption from Occupation Tax

Annual Income from Assessed Occupation: \$ \_\_\_\_\_

*Include a copy of your 1040 Tax Form along with any W-2(s), 1099(s) or other supporting documentation, such as a Schedule C, E, F, K-1 or RK-1*

Exemption from Per Capita Tax

**If you moved** before July 1 of the subject tax year, please provide proof of residence such as: a deed, lease, or utility bill dated before July 1.

**If the named taxpayer deceased** before July 1 of the subject tax year, please provide a copy of a death certificate.

*Under penalties of perjury, I declare that I have examined this information, including all accompanying documentation and statements and to the best of my belief, they are true, correct and complete.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*