

UPPER PERKIOMEN SCHOOL DISTRICT

Application for Per Capita Tax Exemption

TAX COLLECTOR: _____

TAX YEAR _____

MUNICIPALITY: _____

BILL NUMBER _____

I hereby petition exemption by the Board of School Directors from payment of school per capita taxes for the 20__ tax year. (Tax exemption base-income from all sources, including social security and retirement, is less than \$10,000 per applicant. A copy of your most recent state tax return must be attached for verification.)

A. State Tax Return: ___ (filed) If filed, copy must be attached ___ (not filed)

B. List total of Other Income (such as social security, retirement, etc.) \$ _____

NAME _____

SOCIAL SECURITY NO. _____

ADDRESS _____

BIRTH DATE _____ AGE _____

TELEPHONE NO. _____

Under penalties of perjury, I declare that I have examined the request for exemption and, to the best of my knowledge and belief, it is true, correct and complete. Further I agree to notify the Upper Perkiomen School District immediately about any increase in my income or resources.

Applicant's Signature: _____

Date: _____

YOU MUST COMPLETE ALL INFORMATION IN ORDER TO RECEIVE CONSIDERATION

THIS FORM WILL NOT BE ACCEPTED AFTER NOVEMBER 15

RECEIPT OF REQUEST

TAX COLLECTOR _____

DATE _____

UPPER PERKIOMEN SCHOOL BOARD ACTION

_____ Approved

_____ Disapproved

Board Secretary: _____

Date: _____