

**SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT BOARD OF EDUCATION
SUSQUEHANNA TOWNSHIP BOARD OF COMMISSIONERS**

REQUEST FOR EXEMPTION FROM PERSONAL TAXES (OCCUPATION - RESIDENCE - PER CAPITA)

2020-2021 FISCAL YEAR (Side 1 of 2)

⇒ EXEMPTION "PROOF" REQUIRED FOR ALL EXEMPTIONS ⇐

DATE:	BIRTH DATE:
NAME:	SOCIAL SECURITY NUMBER:
ADDRESS:	TELEPHONE NUMBER:

EXEMPTION 1: EARNED INCOME (OR) SENIOR RESIDENT OCCUPATION TAX EXEMPTION	PERIODS			I request exemption from payment of <u>School & Township Occupation Taxes</u> for the below listed reasons: <input type="checkbox"/> EARNED INCOME: A person who has earned income of equal to or less than \$5,000 during the calendar year preceding July 1 (Jan. 2019 to December 2019) will not be liable for the School and/or Township Occupation Tax, but is liable for Per Capita taxes, as reflected on this form. <input type="checkbox"/> SENIOR RESIDENT: Any person who has attained the age of 70 years before July 1 will not be liable for the School and/or Township Occupation Tax, but is liable for Per Capita taxes, as reflected on this form.
	July - Aug DISCOUNT	Sept - Oct FLAT RATE	Nov - Dec PENALTY	
SCHOOL				
School Per Capita	\$4.90	\$5.00	\$5.25	
School	\$4.90	\$5.00	\$5.25	
TOWNSHIP				
Township/Boro Per Capita	\$4.90	\$5.00	\$5.25	
SCHOOL & TOWNSHIP (Due)	\$14.70	\$15.00	\$15.75	

REQUIRED EXEMPTION PROOF: Earned Income Tax: Copy of local earned income tax return. Only income gained from an actual occupation must be declared for exemption purposes. Pensions or retirement pay after reaching a specific age or after a stated period of service, public assistance and unemployment compensation, child support and alimony, payments received under Worker's Compensation Acts or Occupational Disease Acts, periodic payments for sickness and disability other than regular wages, and net gains on the sale of real property are excluded when computing earned income for comparison with the \$5,000 threshold. All statements of income will be subject to audit with the Dauphin County Tax Collection Committee.

REQUIRED EXEMPTION PROOF: Senior Resident: Copy of Birth Certificate, drivers license or Penn DOT issued identification card.

EXEMPTION 2: FULL TIME STUDENT SCHOOL OCCUPATION TAX EXEMPTION	PERIODS			I request exemption from payment of <u>School Occupation Taxes</u> for the below listed reason: <input type="checkbox"/> A person who will be attending a school as a full-time student during the current fiscal year will not be liable for the school district occupation tax, but is liable for Per Capita & Township Occupation taxes, as reflected on this form. A student of higher education is considered full-time if taking 12 credit hours per semester for 2 semesters between July 1, 2019 and June 30, 2020. NOTE: There is NO Township Occupation Tax Exemption for full-time students as defined .
	July - Aug DISCOUNT	Sept - Oct FLAT RATE	Nov - Dec PENALTY	
SCHOOL				
School Per Capita	\$4.90	\$5.00	\$5.25	
School	\$4.90	\$5.00	\$5.25	
TOWNSHIP				
Township/Boro Per Capita	\$4.90	\$5.00	\$5.25	
Township Occupation	\$63.70	\$65.00	\$68.25	
SCHOOL & TOWNSHIP (Due)	\$78.40	\$80.00	\$84.00	

REQUIRED EXEMPTION PROOF: Full Time Student: A letter from the school or copy of a schedule documenting full-time status as defined above.

EXEMPTION 3: OCCUPATION, RESIDENCE AND PER CAPITA TAX EXEMPTION	PERIODS			I request exemption from payment of <u>School & Township Occupation, Residence and Per Capita Taxes</u> for one of the below listed reasons: <input type="checkbox"/> A person that is institutionalized. <input type="checkbox"/> A person that is physically or mentally incapacitated. <input type="checkbox"/> A person that is legally blind. <input type="checkbox"/> A person that is active in the U.S. military.
	July - Aug DISCOUNT	Sept - Oct FLAT RATE	Nov - Dec PENALTY	
SCHOOL & TOWNSHIP (Due)	\$ 0.00	\$ 0.00	\$ 0.00	

REQUIRED EXEMPTION PROOF: All Personal Taxes: Evidence of the above conditions must be submitted with this exemption.

**MAIL THIS FORM WITH YOUR
TAX BILL AND PAYMENT TO:**

J. P. HARRIS ASSOCIATES LLC
PO BOX 226
MECHANICSBURG PA 17055-0226

PAYMENT ALONG WITH THIS FORM, MUST BE
POSTMARKED BY DECEMBER 31 IN ORDER TO
AVOID ADDITIONAL CHARGES AND COLLECTION.

FOR OFFICE USE ONLY

Bill No. _____

\$ Amount Paid _____

Date _____