

**WARRIOR RUN SCHOOL DISTRICT
APPLICATION FOR EXEMPTION
FROM PER CAPITA TAX**

**ALL QUESTIONS MUST BE ANSWERED,
AN INCOMPLETE FORM WILL NOT BE CONSIDERED FOR EXEMPTION**

Name	Address
Phone	Borough/Township

I hereby make this request for EXEMPTION from the Warrior Run School District collection of my tax for the tax year _____ (Attach tax notice here.).

I am requesting EXEMPTION for the following reason (complete one (1) of the following sections):

- _____ INCOME - A family total of earned and unearned income that falls within the scale on page 2 (Complete all sections of page 2.)

- _____ STUDENT - A full-time student attending a college or postsecondary institution. Attach proof of attendance (Spring and Fall Semesters of tax year)

- _____ SERVICE - Active duty military service (Attach DD form 214 or copy of orders.)

- _____ PARTIAL YEAR RESIDENT - Residents who, in their first year of residency, present proof of payment of taxes based upon residency elsewhere. Residents who move out of the district during the tax year are liable for full payment of taxes. The tax year for per capita tax purposes is the calendar year beginning January 1 and ending the following December 31.

- _____ NONRESIDENT - A person who is not a resident of the Warrior Run School District on December 31 of the calendar year prior to the year of the tax levy. As proof of non-residency, the school district will accept a copy of a receipted per capita tax bill from the school district to which the individual has moved. If the school district to which the individual has moved does not levy per capita taxes, a driver's license, vehicle registration, utility bills, or rent receipts showing the address of residence outside of the Warrior Run School District will be accepted as proof of non-residency.

***Please include a statement of circumstance you wish to bring to the attention of the Board such as health, medical condition, and other financial circumstances:

**THE FOREGOING APPLICATION WILL BE SUBJECT TO THE FOLLOWING:
(ON THE REVERSE SIDE)**

Earned And Unearned Income Scale

No. Of Individuals <u>In household</u>	Annual <u>Income</u>
1	\$10,000
2	11,000
3	12,000
4	13,000
5	14,000
over 5	Add \$1000 for each individual

No. Of Individuals In Household

Yourself _____
 Spouse _____
 Dependent Children _____
 Other (specify) _____

 Total _____

Annual Income
 Wages _____
 Social Security _____
 Unemployment _____
 Public Assistance _____
 Rental Income _____
 Interest _____
 Dividends _____
 Other _____

Total =====

Attach a copy of your latest federal income tax return or letter of income verification from your caseworker at the assistance office.

I AFFIRM UNDER PENALTIES OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

_____ (Signature of Applicant)
 Date

_____ (Signature of Board Member) RECOMMENDED _____
 Date NOT RECOMMENDED _____
 (check one)

THE FOREGOING APPLICATION WILL BE SUBJECT TO THE FOLLOWING:

1. The Warrior Run School District Board of Education will act on all exemption requests.
2. A separate application must be filed each year if the taxpayer requests exemption.
3. Taxes paid prior to action on exemption request will not be refunded.
4. Taxpayers must include a self-addressed, stamped envelope to receive a response.
5. Taxpayers wishing to appeal a request denial must do so by forwarding the reasons for the appeal to the Board.
6. Tax exemption requests filed after November 30 of the tax year will not be considered.

PLEASE RETURN THIS FORM TO:

**THE BUSINESS OFFICE
 WARRIOR RUN SCHOOL DISTRICT
 4800 SUSQUEHANNA TRAIL
 TURBOTVILLE, PA 17772
 PHONE: (570) 649-5138**