

# WARRIOR RUN SCHOOL DISTRICT

Exoneration of School Per Capita Tax  
FILING DEADLINE OCTOBER 1<sup>ST</sup>



**REQUESTS SUBMITTED WITHOUT VERIFICATION WILL BE CONSIDERED DELINQUENT.**

NAME: \_\_\_\_\_ TAX BILL NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_ TAX YEAR: \_\_\_\_\_

## REASON OF EXONERATION REQUEST

PLEASE CHOOSE ONE OF THE FOLLOWING

- FULL TIME STUDENT**- ATTACH PROOF OF ATTENDANCE OF COLLEGE, UNIVERSITY OR TRADE SCHOOL. REQUIRED EACH YEAR OF EXONERATION
- ARMED SERVICES**- ATTACH DD FORM 214 OR COPY OF ORDERS. REQUIRED EACH YEAR OF EXONERATION
- LOW INCOME**- ANNUAL INCOME MUST BE \$12,000 OR LESS. REQUIRED EACH YEAR OF EXONERATION
  - MUST ENCLOSE ONE OF THE FOLLOWING:
    - COPY OF INCOME TAX RETURN- FEDERAL OR STATE
    - COPY OF PUBLIC ASSISTANCE BENEFITS
- NON- RESIDENT**- PERSON OWNS PROPERTY IN BUT DOES NOT RESIDE IN WRSD. PROOF OF ADDRESS MUST BE ENCLOSED, E.G, COPY OF DRIVERS LICENSE, ULITLITY BILL, COPY OF LEASE AGREEMENT OR MORTGAGE AGREEMENT, ETC.
  - **RESIDENTS WHO MOVE OUT OF THE DISTRICT DURING THE TAX YEAR ARE STILL LIABLE FOR FULL PAYMENT OF TAXES. YOU ARE CONSIDERED A RESIDENT IF YOU LIVED WITHIN WRSD ANYTIME TIME DURING THE CALENDAR TAX YEAR.**
- RESIDENT OF SKILLED NURSING OR REHADBILITATION FACILITY**. ATTACHED COPY OF CURRENT BILL OR LETTER FROM FACILITY.
- CURRENTLY A HIGH SCHOOL STUDENT**. ATTACH PROOF OF SCHOOL ID. REQUIRED EACH YEAR OF EXONERATION.

I VERIFY THAT THE INFORMATION ON THIS FORM AND ALL ATTACHED VERIFICATION DOVUMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 19 PA. C.S. SEC 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE OF APPLICATE: \_\_\_\_\_ DATE: \_ \_\_\_\_\_

**THIS FORM EXONERATES THE TAXPAYER FOR ONLY ONE YEAR.**

**PLEASE RETURN THIS FORM AND REQUIRED COPY OF PROOF TO:**

WARRIOR RUN SCHOOL DISTRICT  
4800 SUSQUEHANNA TRAIL  
TURBOTVILLE, PA 17772  
ATTN: TAX DEPARTMENT/ JESSICA GOSS

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### OFFICE USE ONLY:

REQUEST RECEIVED BY: \_\_\_\_\_ (INITIAL)      DATE RECEIVED: \_\_\_\_\_

EXEMPTION: GRANTED/ REFUSED      APPROVED BY: \_\_\_\_\_ (INITIAL)      DATE: \_\_\_\_\_

REASON FOR DENIAL: PROBLEM WITH VERIFCATION/ INCOMPLETE FORM (CIRCLE ONE)