

Mail Completed Form To:

PO Box 519
IRWIN PA 15642
FAX: 1-412-927-3634

OCCUPATION TAX EXEMPTION APPLICATION



This universal application form may be used by a PA taxpayer whose community has adopted one or more tax exemptions. Exoneration from tax is applicable to the current tax year only. You must file exemption application each year you receive a tax bill.

School District or Municipality

Name _____

Account # _____
(as indicated on bill)

Address _____

Tax Year _____

SSN _____

Phone _____

Occupation _____

Moved

Previous address _____

Current address _____

Move-out date _____

Move-in date _____

Provide copy of lease, deed or utility bill covering above dates

Age Exemption

Date of birth _____

If your taxing authority adopted an age exemption, you must meet the requirements established by your community. Provide copy of birth certificate or valid driver's license.

Deceased

Date of death _____

Provide copy of death certificate or obituary

Income Exemption

Annual income _____

If an income exemption was adopted by your taxing authority, then you must meet the income requirements established by your community. Provide documentation. For example: W-2; PA-40; Schedule(s) C, E, F, and/or RK-1

Other reason for seeking exemption _____

Check only if an exemption is included on your tax bill that is not listed on this form (write exemption from tax bill in the space above)

I declare under penalty of law that the information stated here and submitted with this form is true and correct. I understand and acknowledge that the information I provide with this application is subject to verification and audit at any time.

Signature of Applicant

Date

Information received by the Tax Collector is considered CONFIDENTIAL and for official purposes relating to the collection, administration and enforcement of the tax. Additional information may be required (including a copy of applicant's state income tax return) to clarify, verify or support this application.