

Mail Completed Form To:
PO Box 519
IRWIN PA 15642
FAX: 1-412-927-3634

PER CAPITA TAX

EXEMPTION APPLICATION

BOROUGH OF PALMYRA



*Additional information may be required (including a copy of applicant's state income tax return) to clarify, verify or support this application.
Exemption from tax is applicable to the current tax year. You must file exemption application each year you receive a tax bill.*

Name _____ Account # _____
(as indicated on bill)

Address _____ Tax Year _____

_____ SSN _____

Phone _____ Employer _____

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 you have not attained the age of 18 years on March 1 of the current tax year, or if you are over the age of 72 on March 1 of the current tax year. 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 (from all sources) _____
May not exceed \$5,000 from all sources, which includes (but is not limited to): combined income from wages, salary, fees, pensions, Social Security, public assistance, commissions, gross business income, rents, royalties, dividends, alimony or separate maintenance payments, annuities, income from estates or trusts, deferred compensation. Provide documentation. For example: W-2; 1099; PA-40; Schedule(s) C, E, F, and/or RK-1; Social Security Benefit Statement; Current Public Assistance Benefits Statement.

Active-Duty Military *Provide copy of orders indicating deployment date*

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