

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

OCCUPATION TAX

EXEMPTION APPLICATION

HARRISBURG SCHOOL DISTRICT



If your circumstances change and you become subject to the tax, you must pay the tax due as determined by the calendar payment period. Exemption from tax is applicable to the current tax year. You must file exemption application each year you receive a tax bill.

Name	_____	Account #	_____
			<i>(as indicated on bill)</i>
Address	_____	Invoice #	_____
	_____	SSN	_____
Phone	_____	Tax Year	_____

Moved

Previous address	_____	Current address	_____
	_____		_____
Move-out date	_____	Move-in date	_____

If you moved out of the School District before July 1 of the subject tax year, please provide proof of residence (such as a copy of a lease, deed, or utility bill) dated before July 1. If you moved into the School District after July 1 of the subject tax year, you will be responsible for payment of the tax unless you paid an occupation tax to your prior school district. Please provide proof of payment.

Age Exemption

Date of birth	_____	<i>I will not have attained the age of 18 by June 30 following the subject tax year. (Provide copy of birth certificate or valid driver's license.)</i>
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Deceased

Date of death	_____	<i>If the taxpayer deceased before July 1 of the subject tax year, provide copy of death certificate</i>
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Income Exemption

Annual income	_____	<i>May not exceed \$5,000 during the current calendar year. (Income includes: wages, salary, fees, commissions, gross business income, interest, rents, royalties, dividends, alimony or separate maintenance payments, annuities, income from estates or trusts, deferred compensation, early distribution of income from an IRA, 401(k) or qualified pension plan.)</i>
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- Disabled *My sole source of income is SSI.*
- Retired *My sole source of income is Social Security and/or a qualified pension or retirement program.*
- Clergy *My sole occupation is, was, or will be clergy from July 1 of the subject tax year through June 30 of the following year.*

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