

Mail Completed Form To:  
PO BOX 519  
IRWIN PA 15642  
Fax: 412-927-3634

# TAX EXEMPTION APPLICATION

Steeltown-Highspire 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#	_____
Address	_____	Invoice#	_____
	_____	SSN	_____
Phone	_____	Tax Year	_____

## For Per Capita, Residence and Occupation Tax

Moved

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

*If you moved from the Steeltown-Highspire 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 to the Steeltown-Highspire 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 \_\_\_\_\_

*Under age 18 or over age 75 on July 1 of the subject tax year. Please provide copy of birth certificate or valid driver's license.*

Deceased

Date of Death \_\_\_\_\_

*If the taxpayer was deceased before July 1 of the subject tax year, please provide a copy of a death certificate or obituary*

Active-Duty Military

*Please provide copy of orders indicating deployment date.*

## For Occupation Tax ONLY

Income Exemption

Annual income \_\_\_\_\_

*May not exceed \$4,000 in earned income, which includes, but is not limited to: combined income from wages, salary, fees, tips and gratuities, net profits, commissions, bonuses, incentive payments, vacation or holiday pay, termination or severance pay, sick pay (unless excluded), reimbursement in excess of allowable business expenses, any other income received for services rendered. Please provide documentation, for example: State or Federal tax return*

Full-Time Student *As of July 1. Provide college records showing 12 or more credit hours per semester. Annual income may not exceed \$4,000 as detailed above.*

Disabled *Please provide physician's verification.*

Retired

**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 examination at any time.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date