

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

**PHOENIXVILLE AREA SCHOOL DISTRICT**  
**EXEMPTION APPLICATION**  
**PER CAPITA TAX • OCCUPATION ASSESSMENT TAX**



*Form must be filed annually by April 15*

**DO NOT USE THIS FORM TO APPEAL YOUR OCCUPATION ASSESSMENT**

\_\_\_\_\_  
Township/Borough

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 \_\_\_\_\_ *Under age 18 on July 1 of the subject tax year; provide copy of birth certificate or valid driver's license.*

Deceased  
Date of death \_\_\_\_\_ *Provide copy of death certificate or obituary*

Exemption from Occupation Tax  
Annual income (from assessed occupation) \_\_\_\_\_  
*May not exceed \$10,000. Provide documentation. For example: W-2; 1099; PA-40; Schedule(s) C, E, F, and/or RK-1. Income exemption does not apply to per capita tax.*

Exemption from Per Capita Tax

**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*