

HOLLIDAYSBURG AREA SCHOOL DISTRICT

2019-2020 PER CAPITA TAX EXONERATION REQUEST

Name: _____

Social Security # _____

Address: _____

Date of Birth: _____

◆ ◆ YOU MUST ANSWER ALL QUESTIONS BELOW ◆ ◆

- 1. Are you currently employed? _____ Yes _____ No
- 2. Are you a student and person listed as a dependent and a parent/guardian of Federal 1040?
_____ Yes _____ No
- 3. Do you have net medical expenses in excess of 10% of your income?
_____ Yes _____ No

◆ ◆ MONTHLY HOUSEHOLD INCOME ◆ ◆

	Family	Single	Student/ Dependent
Gross Wages, Self-Employment Income			
Social Security, Pension, Disability			
Public Assistance Payments			
Other Income (Interest, Dividends, Rent, Unemployment)			
Total Monthly Income			
Maximum Monthly Limit*	\$833	\$417	\$208

* If you answered yes to question #3 then this limit could be raised.

I hereby petition the Board of Directors of said School District for exoneration of my 2019-2020 Per Capita Tax. This request is made because of my financial inability to pay. If my financial status improves, this tax will be due and payable. I hereby certify that the information given is true and correct.

Signature _____

Date _____

Exonerations are granted on a yearly basis based on the above provisions and only when eligibility for exonerations has been proven. Exoneration requests must be received by December 31, 2019.

◆ ◆ If your request is disapproved then you will receive notice from the Hollidaysburg Area School Tax Office and rebilled ◆ ◆