

Capital Tax Collection Bureau

www.captax.com

Huntingdon Division

18839 Sandy Ridge Station STE 2
Orbisonia PA 17243
(814) 473-3111 Phone
(814) 473-3113 Fax

Harrisburg Division

2301 N 3RD Street
Harrisburg PA 17110-1893
(717) 234-3217 Phone
(717) 234-2962 Fax

Somerset Division

2209 N Center Street
PO Box 146
Somerset PA 15501
(814)701-2475 Phone
(814)701-2318 Fax

SOMERSET AREA SCHOOL DISTRICT

APPLICATION FOR OCCUPATION TAX EXEMPTION REQUEST

Applicant's Name: _____

Date _____

Account # (required) _____

Mailing Address: _____

I am applying to be placed on the list of taxpayers exempted from payment of the **Somerset Area School District Occupation Tax** for the year _____ because one or more of the following reasons apply:

_____ Over age 75 (must provide birthdate) _____

_____ Student under the age of 18 years, (must provide birthdate) _____

_____ Permanently Disabled (100%) * Must have a Physicians statement stating your disability.

_____ Individual Income under \$5,000, not including social security, Medicare, pension benefits.

_____ Spouse income, combined income under \$5,000, both are exempt; combined income over \$5,000 but less than \$10,000 only one is exempt.

_____ Moved from Somerset Area School District before January 1 of tax year. (Must provide date of move and proof of move; such as an updated driver's license, lease agreement, paid tax bill to new area, etc.)

By completion of this application, I hereby state that the above facts are true and correct, and that I understand I may be subject to the penalties contained in the Pennsylvania Crimes Code for un-sworn falsifications to legal authorities if any of the above statements are incorrect.

Date of Application

Signature of Applicant