

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 PER CAPITA 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 Per Capita 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