

PER CAPITA EXONERATION - SALISBURY ELK LICK SCHOOL DISTRICT

I am requesting exoneration for the following reason:

_____ I am 18-69 years of age and make less than \$3,000 / year (\$5000 if 2 incomes)

_____ I am age 70 or over and make less than \$5,000 / year (\$10,000 if 2 incomes)

Please attach proof of income

_____ Mentally Retarded

_____ Legally Blind

_____ Nursing Home

_____ Physically Disabled

_____ Serving in Military

_____ Full Time Student

Please provide proof of disability or student ID for FT Student.

I, _____ of _____ Twp/Boro hereby request
exoneration from the Salisbury-Elk Lick School Per Capita Tax for the year _____.

I am married/single and am _____ of age.

My total income from all sources for the year _____ was _____. (only if claiming low
income)

Name: _____

Address: _____

Phone #: _____

Please complete and attach supporting documents.

Mail to: Capital Tax – Attn: Somerset County Per Capita

506 S State Rd

Marysville PA 17053-1001