

# Capital Tax Collection Bureau

www.captax.com

## Huntingdon County Office

(814) 473-3111 Phone

(814) 473-3113 Fax

## Perry Count Office

506 S State Rd

Marysville PA 17053-1001

(717) 957-7281 Phone

(717) 957-7281 Fax

## Somerset County Office

(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) \_\_\_\_\_

\_\_\_\_\_ Military Service (active duty)

\_\_\_\_\_ 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