

# Capital Tax Collection Bureau

  
www.captax.com

**Harrisburg Division**  
2301 N 3RD ST  
HARRISBURG PA 17110-1893  
Phone (717) 234-3217  
Fax (717) 234-2962

## APPLICATION FOR EXEMPTION REQUEST FROM PER CAPITA TAX/OCCUPTION TAX FOR WINDBER BOROUGH

Applicant's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Bill# or Social Security# (required) \_\_\_\_\_

I am applying to be placed on the list of taxpayers exempted from payment of the **Windber Boro Per Capita Tax** for the year \_\_\_\_\_ because one or more of the following reasons apply:

\_\_\_\_\_ Under 21 years of age (must provide birthdate) \_\_\_\_\_

\_\_\_\_\_ Total income from all sources is less than \$5,000.00 during the applicable calendar year

\_\_\_\_\_ A married person residing in the same household with his/her spouse whose total income during the applicable calendar year, from all sources is less than \$5,000.00, shall be exempt from the tax.

\_\_\_\_\_ Married persons residing in the same household with their spouse shall file a joint exemption request form with his/her spouse and if the total income of both spouses is less than \$5,000.00 both shall be exempt from tax. If total income of both spouses is more than \$5,000.00, then the spouse who is the principal wage earner (or the husband if there is no principal wage earner) shall be subject to the tax, but the other spouse shall be exempt. However, if the total income of both spouses is more than \$10,000.00, than neither spouse shall be exempt. Unless they both are 65 years of age or older and their total annual income from all sources is less than \$24,000.00.

\_\_\_\_\_ Age 65 or older if income from all sources is less than \$12,000.00 (must provide birthdate) \_\_\_\_\_

I am applying to be placed on the list of taxpayers exempted from payment of the **Windber Boro Occupation Tax** for the year \_\_\_\_\_ because one or more of the following reasons apply. I understand I may still be responsible to pay the Per Capita Tax:

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

\_\_\_\_\_ Clergy                      \_\_\_\_\_ Legally Blind                      \_\_\_\_\_ Unemployed (provide date last worked \_\_\_\_\_)

\_\_\_\_\_ Married persons residing in the same household with their spouse shall file a joint exemption request form with his/her spouse and if the total income of both spouses is less than \$5,000.00 both shall be exempt from tax. If total income of both spouses is more than \$5,000.00, then the spouse who is the principal wage earner (or the husband if there is no principal wage earner) shall be subject to the tax, but the other spouse shall be exempt. However, if the total income of both spouses is more than \$10,000.00, than neither spouse shall be exempt. Unless they both are 65 years of age or older and their total annual income from all sources is less than \$24,000.00.

\_\_\_\_\_ Age 65 or older if income from all sources is less than \$12,000.00 (must provide birthdate) \_\_\_\_\_

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