

# Capital Tax Collection Bureau

[www.captax.com](http://www.captax.com)

## Huntingdon County Office

(814) 447-3111 Phone  
(814) 447-3113 Fax

## Perry County Office

506 S State Rd  
Marysville PA 17053-1001  
(717) 957-7281 Phone  
(717) 957-7295 Fax

## Somerset County Office

(814)701-2475 Phone  
(814)701-2318 Fax

### APPLICATION FOR EXEMPTION REQUEST FROM PER CAPITA/OCCUPATION TAX FOR BERLIN BROTHERSVALLEY SCHOOL DISTRICT

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Account # (required) \_\_\_\_\_

Mailing Address \_\_\_\_\_

I am applying to be placed on the list of taxpayers exempted from payment of the **Berlin Brothersvalley School District Per Capita Tax/Occupation Tax** for the year \_\_\_\_\_ because one or more of the following reasons apply:

\_\_\_\_\_ A **individual person** with his/her **total income under \$5,000.00** from all sources including social security income, welfare income, interest, dividends, lottery and gambling winnings, support provided by others, and all other income from whatever source derived during the applicable calendar year 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 if the total income of both spouses is **less than \$10,000.00**, both shall be exempt from tax. Income includes social security income, welfare income, interest, dividends, lottery and gambling winnings, support provided by others, and all other income from whatever source derived during the applicable calendar year shall be exempt from the tax.

\_\_\_\_\_ Age 70 or older, if before the beginning of the tax year. Birthdate: \_\_\_\_\_

Other occupations with valuations under \$100 include the following:

\_\_\_\_\_ Disabled \_\_\_\_\_ Student \_\_\_\_\_ Housewife \_\_\_\_\_ Retiree \_\_\_\_\_ Domestic

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