

Occupation Tax



Exemption Application

School District or Municipality

Account Number _____

Tax Year _____

Name: _____

SSN: _____

Address: _____

Phone: _____

City/State: _____

Zip: _____

Applicant may be required to furnish additional information (including a copy of applicant's Pennsylvania state income tax return) to clarify, verify or support this application.

Employer: _____

Annual Income: _____ \$ _____
(If applying for income exemption)

Date of Birth: _____
mm dd yyyy

Date of Death: _____
mm dd yyyy

Move in Date: _____
mm dd yyyy

Move out Date: _____
mm dd yyyy

Other reason for seeking exemption _____

Information received by the Tax Collector is considered CONFIDENTIAL and for official purposes relating to the collection, administration and enforcement of the tax.

I declare under penalty of law that the information stated here and submitted with this form is true and correct. I understand and acknowledge that the information I provide with this application is subject to verification and audit at any time.

Signature of Applicant

Date

Approved

OFFICIAL USE ONLY

Denied

Date