

GIRARD SCHOOL DISTRICT/MUNICIPALITY

APPLICATION FOR EXEMPTION OF DELINQUENT PER CAPITA TAX

I hereby apply to the Girard Board of School Directors requesting that the tax collector for my locality be **exonerated** from collecting the Per Capita Tax levied against me. In support of this application, the following data is submitted:

1. NAME: _____
2. ADDRESS: _____
_____ PA 164 _____
3. SOCIAL SECURITY#: _____ - _____ - _____
4. DATE OF BIRTH: _____
5. TELEPHONE#: (814) _____
6. MARITAL STATUS: Single _____ Married _____ Widow _____ Widower _____
7. **MY INCOME FOR _____ (calendar year)**

Wages and/or Salary	:	_____
Net profit from business, farming or profession	:	_____
Interest Income	:	_____
Dividends	:	_____
Social Security Payments (annually)	:	_____
Fees, Commissions, etc.	:	_____
Net Rental Income	:	_____
Public Assistance	:	_____
Other Income	:	_____
TOTAL INCOME:		_____
8. NAME OF MY EMPLOYER(s) _____
9. ADDRESS OF MY EMPLOYER(s) _____
10. LIVING SITUATION Own Home _____ Rent _____ Live with Relatives _____

I hereby certify that the above data is correct and complete. The Girard School District Per Capita Tax is levied each fiscal year and an Application for Exemption must be completed and submitted for each year that I apply for exemption from the payment of the Per Capita Tax.

SIGNATURE: _____ DATE: _____

RETURN COMPLETED FORM TO:

BERKHEIMER
3608 W. 26th Street
Suite 202
Erie, PA 16506