

WILKES-BARRE AREA SCHOOL DISTRICT
730 South Main Street, Wilkes-Barre, PA 18711-0375

A. APPLICATION FORM EXEMPTION FROM PAYMENT OF PER CAPITA TAX

The Per Capita Tax is levied upon all residents of the School District, age 18 years or older, under the authority of the Legislature of the Commonwealth of Pennsylvania (ACT 511 of 1965 and Section 479 of the Pennsylvania School Code).

REQUEST FOR EXEMPTION FROM PAYMENT OF THE 20__ PER CAPITA TAX IS MADE FOR THE REASON CHECKED BELOW. (Please check all appropriate blocks).

Income of \$5,000 or less in a calendar year from all sources.

Includes income from wages, interest, dividends, self-employment, pensions, unemployment compensation, social security, black lung (i.e. all income).

Age 65 or older

Please return this application with a copy of one of the following documents:

a. Certificate of Birth # _____

b. Health Insurance Card issued by the Social Security Administration # _____

c. PA Driver's License
Driver # _____
Expiration Date: _____

The information provided above is true and correct.

Signature

Date

B. REQUEST FOR REFUND

If you have already paid the tax and wish a refund, complete this section in addition to the above.

Tax Bill Number: _____ Date Paid: _____

Attach a copy of your receipt or cancelled check.

Processing refunds may take from 4 to 6 weeks.

RETURN FORM TO:
Berkheimer Tax Innovations
PO Box 25144
Lehigh Valley, PA 18002-5144