

BERKHEIMER TAX INNOVATIONS

PO Box 25144
Lehigh Valley, PA 18002-5144
Phone: 610-599-3143

LEBANON COUNTY SCHOOL DISTRICTS

Per Capita Tax
Exemption Request Form

District: _____

Name: _____

Account: _____

Address: _____

Date: _____

Tax Year: _____

Under penalties of perjury, I hereby certify that the information provided below is true and correct.

Signature of Applicant

Reason for Exemption Request:

____ Individual with an income of \$10,000.00 or less

____ Individual 65 years of age or older by July 1 of the subject tax year

____ Individual under the age of 18 as of July 1 of the subject tax year

____ Individual residing in a skilled nursing care center

____ Individual who moved out of of the District prior to July 1 of the subject tax year

____ Individual deceased prior to July 1 of the subject tax year

____ Individual who is active duty military personnel during the subject tax year

____ Individual who is permanently disabled

____ Individual who is a member of the clergy

Applicants may be required to furnish additional information to clarify, verify or add to this application.
Applicant may be requested to furnish a copy of his of her PA income tax return.

OFFICE USE ONLY:

Request received by: _____ (initial)

Date Received: _____

Exemption: GRANTED / REFUSED

Date: _____