

# Shikellamy School District

Sunbury, PA 17801

## Exoneration Request Form

I/we, hereby request exoneration from payment of Current Fiscal School Year \_\_\_\_\_ School Per Capita and/or Occupation Taxes.

PLEASE NOTE: IF YOU ARE MARRIED, EVEN IF YOU DO NOT LIVE IN THE SAME HOUSEHOLD, COMPLETE INFORMATION ON BOTH HUSBAND AND WIFE MUST BE SHOWN, AND BOTH MUST SIGN THIS REQUEST. Exoneration is granted on a one year basis only. (Fiscal Year – July 1 through June 30) Section 3048, School Laws of Pennsylvania, allows public advertising of the names of persons who have been exonerated.

Please print clearly and fill in all information.

MAN  
Single or Married------(Circle One)-----WOMAN  
Single or Married

1. Full Name \_\_\_\_\_  
First Middle Last First Middle Last  
(a) \_\_\_\_\_ Age (As of last birthday) \_\_\_\_\_ Age (As of last birthday)  
(b) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Social Security Number  
(c) \_\_\_\_\_  
Street or R.D. Address (Box#) Street or R.D. Address (Box#)  
(d) \_\_\_\_\_  
City City

2. If R.D. show name of Township \_\_\_\_\_  
IMPORTANT: please list the account number as shown on the upper left portion of your tax bill \_\_\_\_\_

3. Phone Number \_\_\_\_\_ Any Disability? \_\_\_\_\_

4. Are you a "Full-Time" Student? \_\_\_\_Yes \_\_\_\_No If YES, on the back of this form show the name and complete mailing address of the College or University you are currently attending AND attach a letter from your Registrar as proof of your "Full-Time" Student enrollment. IF YOU ARE APPLYING AS A "FULL-TIME" STUDENT PLEASE DO NOT SUBMIT YOUR REQUEST WITHOUT A LETTER FROM YOUR SCHOOL ATTACHED. Without the letter, your request cannot be processed to the School Board for consideration, and will be automatically returned to you.

5. Do you own any Real Estate? \_\_\_\_Yes \_\_\_\_No If YES, Where? \_\_\_\_\_  
If YES, have you applied for and received relief from property taxes as provided by State Law? \_\_\_\_Yes \_\_\_\_No  
(If YES, show the percentage of relief granted \_\_\_\_\_%)

6. Have you ever applied for and been granted exoneration before: \_\_\_\_Yes \_\_\_\_No (If YES, list here the year or years \_\_\_\_\_) (LIST NUMBER OF DEPENDENT CHILDREN \_\_\_\_\_)

7. IN ITEMS A THRU G BELOW, YOU MUST SHOW THE EXACT TOTAL AMOUNT OF GROSS INCOME THAT YOUR HOUSEHOLD HAS RECEIVED IN THE PAST CALENDAR YEAR. (This will be verified by our committee)

	Man	Woman
A. Wages	_____	_____
B. Social Security	_____	_____
C. Any Pensions	_____	_____
D. Rental Income	_____	_____
E. Unemployment	_____	_____
F. Public Assistance	_____	_____
G. All other income (Support, etc.)	_____	_____
Total Gross Annual Income	_____	_____

8. Name and Address of Present Employer: \_\_\_\_\_  
Last place of employment \_\_\_\_\_

9. Show here your current total monthly gross income for your household \$ \_\_\_\_\_ pre month.

10. Under penalty of perjury, I/we declare that I/we have examined this document including any accompanying schedules and statements, and to the best of my/our knowledge and belief, it is true and correct.

11. Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Man Woman

12. Date Signed \_\_\_\_\_ (If married, BOTH must sign)  
Do NOT send your tax notice in with this request.