

Laurel School District
Petition for Exoneration of Per Capita Taxes

I, _____
Name Street Address

Account Number Township Name

Date of Birth Telephone Number

make this request for exoneration from the Laurel School District's Per Capita Tax for the School Tax Year 20____. (Application must be received by October 31st of current school tax year.)

I am requesting exoneration for one of the following reasons:

- MINOR** - Under 18 years of age (must not have reached 18th birthday by July 1 of the tax year). **Proof of age must be enclosed.**
- FULL TIME STUDENT** - Attach proof of full time status in college (school invoice) - required each year of exoneration.
- DECEASED** - Date of Death
- ARMED SERVICES** – Active Duty - Attach copy of Orders.
- NON-RESIDENT** - Person owns property in, but does not reside in Laurel School District. Proof of address must be enclosed, e.g. copy of utility bill, copy of mortgage or lease agreement.
- LOW INCOME** - Less than \$5,000 for Individual; \$10,000 for married couple.

MUST ENCLOSE ONE OF THE FOLLOWING:

- Copy of Income Tax Return – Federal or State
- Copy of Social Security Benefit Statement
- Copy of Public Assistance Benefits

I affirm that the above statements are true and correct.

Signature Date

Remit application to Laurel School District, Attn: Tax Form 2497 Harlansburg Road, New Castle, PA 16101

(To Be Completed By Tax Collector)

Your application requesting exoneration of per capita for tax year 20____ has been

Approved for 1 year Approved for Permanent Exoneration Denied Returned for additional information

Collector's Signature Date