

**SALISBURY TOWNSHIP SCHOOL DISTRICT
1140 SALISBURY ROAD
ALLENTOWN, PA 18103**

*Exoneration must be filed
prior to March 1 of
fiscal taxing year.*

*“APPLICATION FOR EXONERATION”
SCHOOL PER CAPITA TAX
YEAR 20_____*

NAME _____
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
ADDRESS _____

REASON FOR REQUEST FOR EXONERATION _____
(Please refer to the list below for acceptable reasons)

ACCEPTABLE REASONS FOR EXONERATION

- | | |
|---|--|
| 1. Paid to tax collector before contact | 6. Double assessment |
| 2. Paid in another taxing district | 7. Under 18 years of age |
| 3. Moved - Left no address | 8. Exonerated per letter from taxing authority |
| 4. Deceased | 9. Insufficient earnings |
| 5. Non-resident | Under \$5,000 per person annually |
| | 10. Statute of limitations expired |

***IF INSUFFICIENT EARNINGS (#9) IS USED, PLEASE PROVIDE THE FOLLOWING
INFORMATION: Annual income (reported to IRS as adjusted gross income)**

SALARY OR WAGES	\$ _____	NET RENT FROM PROPERTY	\$ _____
PENSIONS	\$ _____	INVESTMENTS	\$ _____
TRADE OR BUSINESS	\$ _____	PROFESSIONAL INCOME	\$ _____
PUBLIC ASSISTANCE	\$ _____	OTHER	\$ _____
		(ex. dividends, interests, etc.)	
		TOTAL	\$ _____

List additional information on a separate sheet which you believe will support your claim for exoneration.



I, _____, hereby swear (or affirm) that the above information is true and correct to the best of my knowledge and belief and any misinformation stated above shall cause my exoneration to be void. I further agree to furnish proof, when required, relative to any portion of this information. The Board of School Directors reserves the right to request a copy of your federal income tax return in support of this application.

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, 20 _____

Signature : _____ Date: _____