

BOROUGH OF ZELIENOPE
GUIDELINES AND INSTRUCTIONS FOR EXONERATION OF PER CAPITA TAX

A. GUIDELINES FOR EXONERATION

The Borough of Zelmanople does hereby provide exemption from the per capita tax for the following individuals (as set forth in Ordinance #695):

1. Any individual under the age of eighteen (18) years.
2. Any individual with an annual income of five thousand dollars (\$5000.00) or less. In determining annual income for exoneration purposes, the taxpayer will be permitted to deduct all medical expenses in excess of 10% of actual income.)

B. INSTRUCTIONS FOR APPLICATION OF PER CAPITA TAX

1. This application is for Zelmanople Borough Per Capita Tax only.
2. A new form must be filled out each year.
3. All questions must be answered.
4. A separate form must be filed for each taxpayer. (Husband and wife may not file a joint exoneration form.)
5. Return the completed form to:

Berkheimer Tax Administrator
PO Box 912
Bangor, PA 18013-0912

**Borough of Zelienople
111 W. New Castle St.
Zelienople, PA 16063**

*Application for Exoneration of Per Capita Tax
Tax Year _____*

I hereby petition the Borough of Zeleienople to be exonerated from my per capita tax because of my financial inability to pay. I hereby certify that the information provided with this form is true and correct.

Signature _____
of Taxpayer as it appears on tax card

Date _____

Address _____

Telephone Number _____

Request: _____ Approved _____ Declined

Borough of Zelienople

Financial Status of Applicant for Exoneration

In order to receive consideration every question must be answered.

1. What is your date of birth? _____
2. Do you have any income from personal property such as Mortgages, Stocks, Bonds, Judgement Notes, Annuities, or any other evidence of receivable indebtedness?
YES _____ NO _____
3. Are you employed?
YES _____ NO _____ *If yes, please complete the following:*
Employer's Name _____
Annual Income: \$ _____
4. Are you retired?
YES _____ NO _____ *If yes, please complete the following:*
Do you have a pension? YES _____ NO _____
Amount of monthly pension received: _____
5. Do you have any additional sources of income?
YES _____ NO _____ *If yes, please complete the following:*
What is the amount received per month? _____

I hereby certify this information to be true and correct, under penalty of perjury.

Applicant

Date