

**ROYERSFORD BOROUGH
APPLICATION FOR EXONERATION OF PER CAPITA TAXES**

I hereby request that my Tax Collector be exonerated from collecting the Per Capita Taxes which have been billed to me, and in support of my request, I voluntarily submit the following information.

1. My full name is: _____ Age: _____
2. My residence is: _____
3. I am: Married: _____ Single: _____ 4. Spouse's full name: _____
5. My spouse and I have received the following TOTAL INCOME:
 - A. Total Wages: \$ _____
 - B. Total Social Security and/or Railroad Retirement Benefits \$ _____
 - C. Total Pension and Annuities \$ _____
 - D. Total Interest, Dividends & Capital Gains \$ _____
 - E. Total Rental Income \$ _____
 - F. Total Business Income \$ _____
 - G. Total Public Assistance \$ _____Total Income \$ _____

Allowable Income Exonerations:

Less SSI Payment:	Less	\$ _____
Less Disability Insurance:	Less	\$ _____
Less Social Security Disability	Less	\$ _____
	Net Income	\$ _____

Other Types of Exonerations:

6. Military Service: Branch: _____ Station & Term of Location: _____
7. Deceased: Date of death: _____
8. Taxpayer has received duplicate billing: _____
9. Moved to another school district prior to July 1: _____
10. Paid Per Capita Tax elsewhere for year tax is due (receipt required): _____
11. Taxpayer is under 19 years of age as of July 1 (list birthdate): _____

I/WE SWEAR/AFFIRM AND DECLARE UNDER PENALTIES OF PERJURY THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE.

Applicant's Signature

Spouse (if applicable)

This form must be submitted to your Tax Collector by November 15. Please note that the mere filing of this form does not entitle you to an exemption. You will be notified by Royersford Borough if this Application has not been granted.

PLEASE NOTE: Any person with an individual income of less than (\$12,000) TWELVE THOUSAND DOLLARS and, if married, a joint income of less than (\$24,000) TWENTY-FOUR THOUSAND is eligible. "Income" includes money received from all sources.

OFFICIAL USE ONLY

Approved: _____

Not Approved: _____

Date: _____

Administrator: _____

Number: _____

Royersford Borough: _____