

HALIFAX AREA SCHOOL DISTRICT
3940 PETERS MOUNTAIN ROAD
HALIFAX, PA 17032
(717) 896-3416

APPLICATION FOR EXONERATION FROM OCCUPATION TAX FOR TAX YEAR 2013

RETURN FORM TO TAX COLLECTOR UNTIL DECEMBER 31, 2013
DELINQUENT TAX PAYMENTS MUST BE SENT TO JP HARRIS ASSOCIATES LLC

ALL APPLICATIONS FILED AFTER FEBRUARY 28, 2014, MUST BE MAILED AND ACCOMPANIED BY A \$40.00 DELINQUENT FEE PAYABLE TO J.P. HARRIS ASSOCIATES LLC., PO BOX 226, MECHANICSBURG, PA 17055

I hereby make application to the Halifax Area School District for exoneration from the Occupation Tax for the current tax year and certify to the truth and accuracy of the following information:

NAME: _____ SOC. SEC. NO.: _____

ADDRESS: _____ BIRTH DATE: _____

P.O. BOX CITY STATE ZIP CODE

PHONE NUMBER: _____ LIST TWP/BORO: _____

If retired and over 65 years old and earn \$4,000 or less each year are you requesting permanent exoneration?
Please check () Yes () No

If you are permanently disabled and earn \$4,000 or less each year are you requesting permanent exoneration?
Please check () Yes () No

Will you earn \$4,000 or less for this year? () Yes () No

Are you on active military duty? () Yes () No If yes, list date entered: _____
and ending date of current term: _____. List branch of service: _____

Are you a full-time minister? () Yes () No

Are you a full-time college student and will earn \$4,000 or less this year? () Yes () No

I am willing to furnish the Halifax Area School District with any reasonable documentation requested to verify my application for exoneration. I understand that failure to answer any questions may result in denial of exoneration. If approved, this exoneration applies only to the tax year listed above.

If my exemption status changes subsequent to the filing of this Occupation Tax Exemption request, I shall be responsible for written notification to the School Board Secretary explaining that I went over the \$4,000 per year limit. Failure to do so on or before February 28, 2014 shall subject me to an additional fee of \$40.00 payable to the JP Harris Associates LLC.

Even if the Board approves your exoneration request, you must pay the Per Capita Taxes as listed on your bill. Return your payment and exoneration form to your tax collector by December 31, 2013. The Per Capita tax amounts are as follows:

<u>During This Period</u>	<u>Residents of Hfx Twp., Hfx Boro & Jck Twp. Pay this Amount</u>	<u>Residents of Wayne Twp. Pay this Amount</u>
July -- Aug	\$14.70	\$11.76
Sept - Oct	15.00	12.00
After Oct 31	16.50	13.20

SIGNATURE: _____

DATE: _____

ALL APPLICATIONS WILL BE SUBJECT TO AUDIT

DISTRICT USE ONLY

Date _____ Fee Rcvd _____
Initials _____ Check # _____