

Mail Completed Form To:
PO BOX 519
IRWIN PA 15642
Fax: (412) 927-3634

Tax Exemption Application
Harrisburg School District
Occupation Assessment Tax



Notice: *If your circumstances change and you become subject to the tax, you must pay the tax due as determined by the calendar payment period.*

Name: _____
Address: _____
City/State/Zip: _____

Account Number _____
Invoice Number _____
Tax Year _____

Non-Resident

Previous Address _____

Current Address _____

Move in Date: _____
 mm dd yyyy

Move in Date: _____
 mm dd yyyy

Move out Date: _____
 mm dd yyyy

Move out Date: _____
 mm dd yyyy

If you moved from Harrisburg before July 1 of the subject tax year, please provide proof of residence such as a copy of a lease, deed, or utility bill dated before July 1. If you moved to Harrisburg after July 1 of the subject tax year, you will be responsible for payment of the tax unless you paid an occupation tax to your prior school district. Please provide proof of payment.

Income Exemption: *To the best of my knowledge, I expect to earn less than \$5,000 during the current calendar year.*

Annual Income: \$ _____

Income includes: wages, salary, fees, commissions, gross business income, interest, rents, royalties, dividends, alimony or separate maintenance payments, annuities, income from estates or trusts.

Permanent Disability: *My sole source of income is SSI.*

Retired: *My sole source of income is Social Security and/or a qualified pension or retirement program.*

Clergy Exemption: *My sole occupation is, was, or will be clergy from July 1 of the subject tax year through June 30 of the following year.*

Under age 18: *I will not have attained the age of 18 by June 30 following the subject tax year.*

Date of Birth: _____
 mm dd yyyy

Deceased: *If the taxpayer was deceased before July 1 of the subject tax year, please provide a copy of a death certificate.*

Date of Death: _____
 mm dd yyyy

I declare under penalty of law that the information stated here and submitted with this form is true and correct. I understand and acknowledge that the information I provide with this application is subject to verification and examination at any time.

Signature of Applicant

Date