

**MILLERSBURG AREA SCHOOL DISTRICT
APPLICATION FOR EXONERATION FROM OCCUPATION TAX**

(Form must be **notarized** and filed with the Tax Collector before **February 28, 2017**.)

I hereby request that I be exempt from paying the Millersburg Area School District Occupation Tax for the calendar year January 1 to December 31, 2016. I certify that I will earn less than Three Thousand Dollars (\$3,000.00), and further certify to the truth and accuracy of the information set forth below. I realize that misrepresentation by me may subject me to such penalties as provided by the Pennsylvania Crime Code of 1972 #334 18 CPSA 4904.

NAME _____ BILL # _____

ADDRESS _____

MUNICIPALITY IN WHICH YOU RESIDE: MILLERSBURG BOROUGH - UPPER PAXTON TOWNSHIP
(circle one)

BIRTHDATE _____ TELEPHONE NUMBER _____

SOCIAL SECURITY # _____

EMAIL ADDRESS _____

TOTAL AMOUNT OF EARNED INCOME (1/1/16 - 12/31/16): \$ _____

ADDITIONAL INDIVIDUALS LIVING AT THIS ADDRESS:

NAME	BIRTHDATE	NAME	BIRTHDATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am willing to furnish the Millersburg Area School District with any reasonable documentation requested by the District to verify my Application for Exoneration. I understand that failure to answer any questions or verification of any information may result in denial of exoneration.

If my exemption status changes subsequent to the filing of this Occupation Tax Exoneration Request, I shall be responsible for written verification of this change in status to the Secretary of the Board, 799 Center Street, Millersburg, PA 17061, within thirty (30) days of such change. Exemption status changes can also be made by calling the Business Office at 717-692-2108, ext. 3159.

Applicant

Sworn and subscribed to
before me this _____ day
of _____, 2016.

Notary Public

ALL APPLICATIONS WILL BE SUBJECT TO AUDIT.