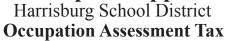
Mail Completed Form To:

PO BOX 519 IRWIN PA 15642

Fax: (412) 927-3634

Tax Exemption Application Harrisburg School District





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

Name: Address:			Account Number Invoice Number Tax Year					
							City/State/Zip:	
□ Non	Resident							
Previous Address				_ Current Address _				
	Mara in Datas				Marria Data			
	Move in Date:	mm	dd	уууу	_ Move in Date: _	mm	dd	уууу
	Move out Date:				Move out Date:			
		mm	dd	уууу		mm	dd	уууу
Reti	maintenance payments, nanent Disability: red: My sole source of inc	annuities, ind My sole sourc	come from e	estates or trusts. e is SSI. nd/or a qualified pe	nusiness income, interest, rents, ension or retirement program. m July 1 of the subject tax year throu			
Und	er age 18: I will not he	ave attained to	he age of 18	8 by June 30 follow	ring the subject tax year.			
	Date of Birth:	mm	dd	уууу				
Dece	eased: If the taxpayer wa	as deceased b	efore July 1	of the subject tax	year, please provide a copy of a dead	th certificate.		
	Date of Death:	mm	dd	уууу	_			
					and submitted with this form lication is subject to verificati			
	-	Signat	ure of A	pplicant		Date		_