

PER CAPITA EXONERATION - SALISBURY ELK LICK SCHOOL DISTRICT

I am requesting exoneration for the following reason:

\_\_\_\_\_ I am 18-69 years of age and make less than \$3,000 / year (\$5000 if 2 incomes)

\_\_\_\_\_ I am age 70 or over and make less than \$5,000 / year (\$10,000 if 2 incomes)

Please attach proof of income

\_\_\_\_\_ Mentally Retarded

\_\_\_\_\_ Legally Blind

\_\_\_\_\_ Nursing Home

\_\_\_\_\_ Physically Disabled

\_\_\_\_\_ Serving in Military

\_\_\_\_\_ Full Time Student

Please provide proof of disability or student ID for FT Student.

I, \_\_\_\_\_ of \_\_\_\_\_ Twp/Boro hereby request  
exonerantion from the Salisbury-Elk Lick School Per Capita Tax for the year \_\_\_\_\_.

I am married/single and am \_\_\_\_\_ of age.

My total income from all sources for the year \_\_\_\_\_ was \_\_\_\_\_. (only if claiming low  
income)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Please complete and attach supporting documents.

Mail to: Capital Tax – Attn: Somerset County Per Capita

2301 N. 3<sup>rd</sup> Street

Harrisburg, PA 17110-1893