



LEWISBURG AREA SCHOOL DISTRICT
 EXONERATION OF SCHOOL PER CAPITA TAX
 Filing Deadline October 1st



REQUESTS SUBMITTED WITHOUT VERIFICATION WILL BE CONSIDERED DELINQUENT

Municipality: _____ Tax Bill Number: _____
 Name: _____ Address: _____
 City: _____ Daytime Phone: _____ Email: _____

REASON FOR EXONERATION REQUEST

- _____ Currently a high school Student
- _____ Full-time student (Must attach proof of enrollment from College, University or Trade School)
- _____ Non-resident student (Must attach proof of current address)
- _____ Moved from district (Must attach proof of your new address, such as driver's license, utility bill, lease agreement, etc. **Residents who move out of the district during the tax year are still liable for full payment of taxes. You are considered a resident if you lived within LASD anytime during the calendar tax year.**)
- _____ Paid taxes to another PA school district (Must attach proof of payment)
- _____ Military on assigned activity duty (Must attach proof of duty)
- _____ Over 70 years of age (Must attach proof of age)
- _____ Taxpayer deceased. (Must provide proof, such as death certificate or obituary)
- _____ Financially unable to pay. Annual income must be \$12,000 or less. (Must provide proof of income)
- _____ Resident of skilled nursing or rehabilitation facility. Facility name: _____

I verify that the information on this form and all attached verification documents are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Sec 4904, relating to unsworn falsification to authorities.

Signature of Applicant: _____ Date: _____

Mail completed form to: **Lewisburg Area School District**
 PO Box 351
 Lewisburg, PA 17837



LEWISBURG AREA SCHOOL DISTRICT APPROVAL

Approved by: _____ Date: _____

Denied by: _____ Date: _____

Reason for denial: _____ Problem with verification _____ Incomplete form