Borough of Zelienople

GUIDELINES AND INSTRUCTIONS FOR EXONERATION OF PER CAPITA TAX ONLY

The Borough of Zelienople does hereby provide exemption from the per capita tax for the following individuals: (as set forth in Ordinance # 695 and amended in Ordinance # 725)

In order to be eligible note the following:

1. Any individual under the age of eighteen (18) years.

2. Any individual with an annual income of Five Thousand Dollars ($5,000.00) or less. (In determining annual income, for exoneration purposes, the taxpayer will be permitted to deduct all medical expense in excess of ten (10) percent of actual income.)

3. A separate form must be filed for each tax payer. (Husband and wife may not file a joint Exoneration Form)

4. Complete Exoneration Form as instructed. Application must be signed.

5. A new form must be completed every year.

6. Application must be submitted by the last day of October of the subject year.

7. Submit Application form to:
   Borough of Zelienople
   111 W. New Castle St.
   Zelienople, PA 16063
REQUEST FOR EXONERATION OF PER CAPITA TAX
FOR TAX YEAR __________
(Indicate calendar year requested)

I hereby petition the Borough of Zelienople to be exonerated from my Per Capita Tax, because of my financial inability to pay. I hereby certify that the information provided with this form is true and correct.

Taxpayer Name: Print ____________________________________________

Taxpayer Name: Signature

Address: ________________________________________________________

Phone Number: ____________________ Email Address: ____________________

Date of Birth: ____________________ Age: ____________________

Date of Application: ____________________

Financial Status of Applicant:
(In order to receive consideration every question must be answered.)

I do hereby formally apply for income exoneration from the Per Capita Tax pursuant to the guidelines established by Ordinance # 725 authorizing such exoneration, adopted by the Borough Council May 12, 1997. Income is from all sources received during the previous calendar year __________.

I. Gross Income (Form 1040 or 1040 A or 1040 EZ)

MY INCOME FOR ________ (Calendar Year)

Wages and/or salary..............................................................
Net profit from business, farming or profession.............
Interest Income...............................................................
Dividends........................................................................
Fees, Commissions, Etc.................................................
Net Rental Income........................................................
Public Assistance...........................................................
Other Income...................................................................

Total Income: ____________________
II. **Items of income not taxed:**

a) Social Security income

b) Supplemental security income

c) Unemployment benefits
   (In excess of amount reported on Form 1040)

d) Interest & dividends not reported

e) Capital gains (tax preference items)

f) Public assistance benefits

g) Other income (list items)

TOTAL Income not taxed

TOTAL COMBINED ANNUAL INCOME FROM ALL SOURCES

III. **Additional Information:**

1. Do you have any income from personal property such as mortgages, stocks, bonds, judgement notes, annuities or any other evidence of receivable indebtedness? Yes___ No___

2. Are you employed? Yes___ No___
   (If you answered yes, please complete the following:
   Employer Name: ____________________________________________
   Annual Income: ___________________________________________)

3. Are you retired? Yes___ No___
   (If you answered yes, please complete the following:
   Do you receive a pension? Yes___ No___
   Amount of monthly pension received: _________________________)

4. Do you have any additional sources of income? Yes___ No___
   (If you answered yes, please complete the following:
   What is the amount received per month? ______________________)

I, the undersigned, declare under penalty of law including penalty of perjury that the information contained in this Application has been examined by me, and to the best of my knowledge, is true, correct, and complete. I shall provide any supporting documents, including but not limited to copies of any tax return or W-2 form, as may be requested by the Borough of Zelienople in considering the Application for Exoneration from Per Capita Tax, and I do understand that failure to provide requested documentation shall be a basis for denying approval of exoneration.

Verified Income: ____________________________  Signature of Applicant

Witness: Print Name ____________________________

Witness: Signature ____________________________

Witness Address: ______________________________

Date: ____________________________
Application must be submitted to the Zelienople Borough office.

Address:
111 W. New Castle Street.
Zelienople, PA 16063

The application must be turned into the office no later than the end of October of the subject tax year.

Request Status: _______Approved _______Denied

__________________________________________  _______
Borough of Zelienople                          Date