



# REQUEST FOR EXONERATION FROM PAYMENT OF PER CAPITA TAX For the Tax Year \_\_\_\_\_

Complete and return **ALL 3 PARTS** of this form to:  
**HANOVER BOROUGH TAX OFFICE: 207 Third St., Hanover, PA 17331**

NOTE: Please answer all questions that apply. Each person requesting exoneration must complete a form. PLEASE print legibly or type – unreadable applications will be rejected.

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCT NO. 670 – \_\_\_\_\_ (Located at the bottom of your tax bill.)

I am requesting exoneration from:  Borough of Hanover (Tax Year: Jan. 1 thru Dec. 31)  Hanover Public School District (Tax Year: July 1 thru June 30)

**For the following reason: (CHECK ONLY ONE)**

**AGE:** I was under 18 years of age as of the first day of the tax year.

DATE OF BIRTH: \_\_\_\_\_ (Birthdate must be before \_\_\_\_\_.)

**LOW INCOME:** My total income from all sources for the tax year will be below \$5,000.00. My estimated income for the tax year is \$ \_\_\_\_\_ . (Income statement must be attached.)

**MILITARY:** I am a member of the Armed Forces of the United States on active duty. I am currently serving in the \_\_\_\_\_ and stationed at \_\_\_\_\_ .

**FULL-TIME STUDENT** as of Sept. 30th of the current year, attending: \_\_\_\_\_ .

**PAID ELSEWHERE:** If you paid a similar tax within the Commonwealth of Pennsylvania **you must** attach a copy of your PAID (per capita or occupation) tax receipt for the same tax year in which you are requesting exoneration.

**MOVED PRIOR TO TAX YEAR:** You must attach **dated proof** of establishing residency elsewhere. Supplied proof must show your name, current address and a date prior to \_\_\_\_\_ , the start of the tax year. (Examples: Driver's license, copy of lease, utility bill, bank statement, etc.)

**NURSING HOME:** Became a permanent resident of \_\_\_\_\_ on \_\_\_\_\_ . (Date must be before \_\_\_\_\_.)

**DECEASED:** The taxpayer named above died on \_\_\_\_\_ . (Date must be before \_\_\_\_\_.)

I affirm that the statements given in this application are true and correct to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

State your relationship to applicant and/or your authority to act on their behalf. \_\_\_\_\_