

INCOME STATEMENT

For the Tax Year 20 _____

Complete and return with your Request For Exoneration From Payment of Per Capita Tax to:

Holly Liska, Tax Collector: 279 Frederick St. REAR, Hanover, PA 17331

ANNUAL INCOME FROM: Please list all forms of income.

Public Assistance	\$ _____	Annuities	\$ _____	Profits	\$ _____
Unemp. Compensation	\$ _____	Commissions	\$ _____	Bonuses	\$ _____
Self Employment	\$ _____	Rents (Net)	\$ _____	Pensions	\$ _____
Social Security	\$ _____	Salary/Wage	\$ _____	Royalties	\$ _____
Interest	\$ _____	Benefits	\$ _____	Other Income	\$ _____
				(Explain)	

Other income explanation: _____

TOTAL INCOME: _____

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

Date _____
Signature of Applicant

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