

**DO NOT RETURN THIS FORM TO
THE TAX COLLECTOR**

**SCHOOL PER CAPITA
TAX EXONERATION
REQUEST**

Due Date: September 30, 2017

RETURN TO:
BUTLER AREA SCHOOL DISTRICT
110 Campus Lane
Butler, PA 16001
Attn: Marilyn Bresnahan
E-Mail: Marilyn_bresnahan@butler.k12.pa.us

Fall Tax Notice for 2017

SECTION I - ADDRESS

- 1. NAME _____ DATE: _____
- 2. D/M/P: (On left of your tax bill) _____
- 3. PERMANENT ADDRESS _____
- 4. ADDRESS ON TAX NOTICE (IF DIFFERENT FROM PERMANENT) _____
- 5. PHONE NUMBER _____
- 6. TAXING DISTRICT: Butler Township Center Township City of Butler Clearfield Township
- Connoquenessing Borough Connoquenessing Township East Butler Borough Oakland Township Summit Township

SECTION II - INCOME

- 7. ARE YOU EMPLOYED? YES NO
- 7a. ARE YOU RECEIVING SOCIAL SECURITY OR PUBLIC ASSISTANCE? YES NO If yes, list monthly amount \$ _____
Please provide your annual Benefit and/or SSI payment letter issued from the Social Security Administration.
- 7b. TOTAL YEARLY INCOME FROM ALL SOURCES: \$ _____



IF YOU EARNED \$10,000 OR MORE DURING 2016. YOU DO NOT QUALIFY FOR EXEMPTION.
A COPY OF YOUR MOST CURRENT W2(s) IS REQUIRED.

(If your income is less than \$10,000, please proceed to Section III)

SECTION III - (In addition to income requirements, you must also satisfy at least ONE of the following)

- 7. REASON FOR EXONERATION (Please check all that apply)
 - 65 YEARS OF AGE
 - MENTALLY HANDICAPPED
 - LIVING IN NURSING HOME
 - PHYSICALLY DISABLED AND UNABLE TO WORK **(Please list disability below)**
 - ACTIVE IN MILITARY SERVICE
 - WIDOW OR WIDOWER OVER 50 YEARS OF AGE
 - FULL-TIME STUDENT - SCHOOL ATTENDING _____
-Please provide proof of full-time enrollment (schedule or bill)

DESCRIPTION OF HANDICAP OR DISABILITY (IF APPLICABLE) _____

I hereby declare that all statements made in this request are true and correct to the best of my knowledge, I have read and understand that "false" statements made herein are subject to penalties of the 18 PA. C.S.A. Section 4904, relating to unsworn falsification to authorities and is grounds for prosecution. The School District reserves the right to independently verify all statements made herein.

DATE _____ APPLICANT SIGNATURE _____

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

APPLICATION APPROVED _____ APPLICATION DISAPPROVED _____ SIGNATURE _____ DATE _____

FREQUENTLY ASKED QUESTIONS:

1. **Where and how do I pay this bill?** You may pay by mail or in our office. Make checks payable to William Helsel, Tax Collector. Our office is located in the Butler Township municipal building at Duffy and Whitestown Roads. Our public office hours and mailing address are listed on the left side of the tax bill. Be sure to submit the bill with your payment. By LAW, we must have the bill to process your payment, or a duplicate bill fee applies. Therefore, we cannot process payments issued by online bill payers.
2. **What are these taxes, "ACT 511 PC" and "ACT 679 PC", on this bill?** These are flat-rate (\$5.00), "per capita" or "head tax" taxes, levied on all residents of Butler Area School District 18 years of age and older. This is not a tax on real estate. The Law permits Butler Area School District to use a real estate tax bill to bill you. Property owners have this tax included on their real estate tax bills and are not billed separately. The tax is used for general purposes of Butler Area School District and is not for a particular purpose or use. The tax has no connection with employment, income, voting rights or any other factor except residence within the community.
3. **How do I apply for exoneration?** Use the form on the reverse side, or obtain a form from the receptionist at the Butler Area School District administration building, c/o Business Office, 110 Campus Lane, Butler, PA 16001 (724-214-3104). Complete, sign and return the form to the Butler Area School District receptionist or return to the Butler Area School District by mail. Parents of full-time students may complete and sign exoneration requests for their children. **DO NOT RETURN THE EXONERATION REQUEST TO THE TAX COLLECTOR.**
4. **What is the deadline to file an exoneration form?** September 30 of the current tax year is the deadline for filing.
5. **Will I be notified when my exoneration is approved?** No. Your exoneration request will be returned to you with explanation of denial if, and only if, your request for exoneration is not granted.
6. **I am billed by another school district for this tax. Why?** You should only pay per capita tax in the school district in which you are a resident at the time of the tax levy (July 1). The other tax might not be a per capita tax or it could be an error. Notify in writing and signed, the tax collector in the school district in which you are not a resident as of July 1 of the tax year. Enclose a stamped "paid" receipt of the other per capita tax bill, for where you were a resident on July 1.
7. **I own property in Butler Area School District and the LOCAL PC is being charged on the real estate tax bill too. Do I have to pay twice?** No. Notify the tax collector in writing and the tax rolls will be adjusted as necessary. Your per capita tax should be billed to the address at which you are a resident.

CHANGE OF ADDRESS:

D/M/P (on left of your tax bill) _____

Name (print) _____ Signature: _____

New Address: _____

Date of Move _____ (if prior to July of this year, and you are no longer a Butler Area School District resident you will not need to pay school per capita tax for 2017)

If not paying the tax, return this form to: Butler Area School District, Attn: Business Office, 110 Campus Lane, Butler, PA 16001.

If paying the tax, return this form with payment and tax bill to Tax Collector, 290 South Duffy Road, Butler, PA 16001

TAXPAYER IS DECEASED:

D/M/P (on left of tax bill) _____

Name of Taxpayer (print) _____

Date of Death: _____ (if prior to July this year, school per capita tax for 2017 will not need to be paid)

Signature of person submitting this form _____

Print name of person submitting this form _____

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