

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

**TOWNSHIP PER CAPITA  
TAX EXONERATION  
REQUEST**

Due Date for Student Exoneration is  
June 30, 2019. Due Date for all other  
reasons for exoneration is February 15,  
2020.

**RETURN TO:**  
BUTLER TOWNSHIP  
290 South Duffy Road  
Butler, PA 16001  
Attn: Township Manager

**FOR 2019 TAXES**

**SECTION I - ADDRESS**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

D/M/P # (near bottom of your tax bill) \_\_\_\_\_

ADDRESS OF TAX HOME \_\_\_\_\_

**SECTION II - INCOME**

1. ARE YOU EMPLOYED?     YES     NO
2. ARE YOU RECEIVING SOCIAL SECURITY OR PUBLIC ASSISTANCE?     YES     NO  
If yes, list monthly amount \$ \_\_\_\_\_
3. TOTAL YEARLY INCOME FROM ALL SOURCES FOR MOST RECENT COMPLETE CALENDAR YEAR \_\_\_\_\_



**IF YOUR TOTAL INCOME WAS MORE THAN \$10,000 DURING 2018, YOU DO NOT QUALIFY FOR  
EXEMPTION, AND YOU DO NOT SUBMIT THIS FORM.**

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

A COPY OF YOUR W-2 FORM MAY BE REQUESTED  
THE TOWNSHIP RESERVES THE RIGHT TO INDEPENDENTLY VERIFY ALL STATEMENTS MADE HEREIN

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

REASON(S) FOR EXONERATION (Please check all that apply)

- 65 YEARS OF AGE OR OLDER AS OF JANUARY 1 OF THIS YEAR
- PERSON WITH MENTAL DISABILITIES
- LIVING IN NURSING HOME
- PHYSICALLY HANDICAPPED AND UNABLE TO WORK FOR A MAJORITY OF THE PRECEDING CALENDAR YEAR  
DESCRIPTION OF HANDICAP \_\_\_\_\_
- ACTIVE IN MILITARY SERVICE
- WIDOW OR WIDOWER OVER 50 YEARS OF AGE
- FULL-TIME STUDENT    -

NAME OF SCHOOL YOU ARE ATTENDING FULL-TIME \_\_\_\_\_  
IS SEMESTER ENROLLMENT FROM JANUARY THROUGH MAY OF THE CURRENT YEAR? YES  NO

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 un-sworn falsification to authorities and is grounds for prosecution. The Township 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  
REASON FOR DISAPPROVAL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FREQUENTLY ASKED QUESTIONS:

1. **What is this tax, "LOCAL PC", on this bill?** This is a flat-rate (\$5.00), "per capita" or "head tax" levied on all residents of Butler Township 18 years of age and older. This is not a tax on real estate. The Law permits Butler Township to use a "real estate" tax card to bill you, and as you can see, they do. 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 Township 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.
2. **How do I apply for exoneration (not pay)?** Use the form on the reverse side, or obtain a form from the Township receptionist at the Township building, Duffy and Whitestown Roads (Monday-Friday 8:30AM to 4:30PM, 724-283-3430). Complete, sign and return the form to the Township receptionist or return to the Butler Township Manager 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.**
3. **What is the deadline to file an exoneration form?** June 30 of the current tax year is the deadline for full-time students. For all others, February 15 of the year following the year for which exoneration is being requested.
4. **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.
5. **Where and how do I pay this bill?** You may pay by mail or in our office. Make checks payable to **Butler Township Tax Collector**. Our office is located in the 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.

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**CHANGE OF ADDRESS:**

**D/M/P (near bottom left of your tax bill)** \_\_\_\_\_

**Name (print)** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**NewAddress:** \_\_\_\_\_

**Date of Move:** \_\_\_\_\_

**Return this form to Tax Collector, 290 South Duffy Road, Butler, PA 16001.**

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**TAXPAYER IS DECEASED:**

**D/M/P (near bottom left of tax bill)** \_\_\_\_\_

**Name of Taxpayer (print)** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_

**Signature of person submitting this form** \_\_\_\_\_

**Print name of person submitting this form** \_\_\_\_\_

**Return this form to Tax Collector, 290 South Duffy Road, Butler, PA 16001.**