

## Borough of Zelenople



### GUIDELINES AND INSTRUCTIONS FOR EXONERATION OF PER CAPITA TAX ONLY

The Borough of Zelenople 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 Zelenople  
111 W. New Castle St.  
Zelenople, PA 16063

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111 W. New Castle St.  
Zelenople, PA 16063  
724-452-6610

**REQUEST FOR EXONERATION OF PER CAPITA TAX  
FOR TAX YEAR \_\_\_\_\_  
(Indicate calendar year requested)**

I hereby petition the Borough of Zelenople 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 Zellenople 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 Zelenople Borough office.

**Address:**  
**111 W. New Castle Street.**  
**Zelenople, 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 Zelenople

\_\_\_\_\_  
Date

