NORTHEASTERN SCHOOL DISTRICT REQUEST FOR EXEMPTION FROM OCCUPATION TAX

If you are not engaged in any income producing occupation or under the age of 18, you may request to be EXEMPT from paying OCCUPATION TAX for the current tax year. To request exemption:

- (1) Complete ALL information on the back of this form.
- (2) Return this form with your original tax bill.
- (3) Pay all other taxes you may still owe Per Capita and Special Taxes.

DEDUCT the following from your payment:

ON OR BEFORE	9/30			10/1 TO 11/30			AFTER 11/30		
DISCOUNT	\$	9.80	FACE	\$	10.00	PENALTY		\$	11.00

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NORTHEASTERN SCHOOL DISTRICT Fiscal Year 2020-2021 REQUEST FOR EXEMPTION FROM OCCUPATION TAX

I hereby request exemption from the occupation tax levied by Northeastern School District for the fiscal year named above as **I am not engaged in any income producing occupation or under the age of 18**. I verify the statements herein are correct and subject to penalties of the 18 PA C.S. 4904 relating to unsworn falsification to the authorities.

TAXPAYER NAME (Please Print)		TAXPAYER SIGNATURE (Or Representative)					
DATE	BILL NUMBER	BIRTHDATE (IF UNDER 18)					
Note: If the taxpayer is not available to f	ile this request, please comp	plete the following information and sign as their representative					
PREPARER NAME		RELATIONSHIP TO TAX PAYER					
NORTHEASTERN SCHOOL	DISTRICT	Fiscal Year 2020-202					
REQUEST FOR EXEMPTION FRO		1 isedi 1 edi 2020 202					
TAVDAVED NAME (Dl D		TAYDAYED SIGNATUDE (O. D					
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PREPARER NAME		RELATIONSHIP TO TAX PAYER					
NORTHEASTERN SCHOOL REQUEST FOR EXEMPTION FRO		Fiscal Year 2020-202					
above as I am not engaged in an	y income producing o	ed by Northeastern School District for the fiscal year named occupation or under the age of 18. I verify the statements C.S. 4904 relating to unsworn falsification to the authorities.					
TAXPAYER NAME (Please Print)		TAXPAYER SIGNATURE (Or Representative)					
DATE	BILL NUMBER	BIRTHDATE (IF UNDER 18)					
Note: If the taxpayer is not available to f	ile this request, please comp	plete the following information and sign as their representative					
PREPARER NAME		RELATIONSHIP TO TAX PAYER					