Mountain View School District

11748 State Route 106 Kingsley, PA 18826

Per Capita Tax & Occupation Tax Exoneration Request Form

Tax Type: ☐ Per Capita Tax ☐ Occupation Tax

Taxpayer Name: _____ Bill #: _____

Taxpayer Address: _____

Taxpayer Signature: _____

Reason

☐ 65+ Years Old As Of January 1 (Per Capita Tax Exonerations Only)
Acceptable Proof: Driver's License, Real ID, Passport, Birth Certificate

☐ Retired Prior to July 1 (Occupation Tax Exonerations Only)

☐ Deceased ☐ Unable to Locate Taxpayer

☐ Duplicate Bill
Acceptable Proof: Both Bills

☐ Moved / Non-Resident Prior To July 1
Acceptable Proof: Utility Bill, Updated Driver's License

☐ Disabled / Chronic Illness

Physicians Name: _____

Physicians Signature: _____

Date: _____

Tax Collector Signature: _____

Township: _____ Date: _____