



# CITY OF EASTON

## PENNSYLVANIA

Finance Department

Application for Exemption of Residence & Per Capita Taxes, For Jan 1<sup>st</sup> to Dec 31<sup>st</sup> \_\_\_\_\_  
Per City of Easton Ordinances - 3266,4945,5189,5393

Exemption from payment of residence and per capita taxes shall be granted to any person(s) whose total annual income from all sources is less that \$12,000.

Can proof supporting the above requirement be provided (Y or N)? \_\_\_\_\_

If the above requirement has been met (including proof of income; see below), the following information must be completed (please complete all fields):

### Contact Information

Name \_\_\_\_\_ Ph Number \_\_\_\_\_

Current Address \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

### Income

Total Annual Income Last Year \_\_\_\_\_ Sources of Income Include:

Wages \_\_\_\_\_ Soc. Security \_\_\_\_\_ Pension \_\_\_\_\_ Public Assist \_\_\_\_\_

Current Monthly Income \_\_\_\_\_ Sources of Income Include:

Wages \_\_\_\_\_ Soc. Security \_\_\_\_\_ Pension \_\_\_\_\_ Public Assist \_\_\_\_\_

### Personal Information

Marital Status \_\_\_ Single \_\_\_ Married \_\_\_ Widow(er) \_\_\_ Separated \_\_\_ Divorced

Number of Dependents \_\_\_\_\_

**Financial Information**

Amount Reported on Federal Income Tax Return \_\_\_\_\_ (n/a if none; joint income if filing together)

Current Employer (name and address) \_\_\_\_\_  
\_\_\_\_\_

Spouse's Employer (name and address) \_\_\_\_\_  
\_\_\_\_\_

Do you have a bank account (Y or N)? \_\_\_\_\_ If so, what is the current balance in your account(s)? \_\_\_\_\_

Do you receive any income from rental properties owned by you (Y or N)? \_\_\_\_\_ If so, how much do you collect annually? \_\_\_\_\_

Do you receive income from any other sources (Y or N)? \_\_\_\_\_ If so, how much do you collect annually? \_\_\_\_\_

Does any person or group assist you financially (Y or N)? \_\_\_\_\_ If so, please provide their name and address: \_\_\_\_\_

By signing my name below, I acknowledge that, under penalty of law, the information provided above has been completed to the best of my knowledge and represents true and complete answers to all questions. As such, I do hereby request exemption for the following taxes:

\$10 Annual Residence Tax \_\_\_\_\_ \$5 Annual Per Capita Tax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that this application must be completed for each year I am requesting this exemption.

Additional comments of collector or reviewer of application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_ **Date** \_\_\_\_\_