Milton Area School District  
Request for Exoneration of School Per Capita Tax  
for the Tax Year 2018

***Name, Address, and Taxing Authority (as it appears on tax statement)***  
First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Middle Initial: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, PA Zip: \_\_\_\_\_\_\_\_\_\_

East Chillisquaque Twp. Milton Boro. Turbot Twp.   
  
 West Chillisquaque Twp. White Deer Twp.   
  
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   
***Signed Petition:***

To the Board of School Directors:  
 I hereby petition the Board of Directors of the Milton Area School District to be exonerated from payment of my 2018 school per capita tax for the following reason (please mark one and complete the corresponding section below):

Low Income Active Military Duty Full Time Student   
 Non-Resident Deceased   
(Must show proof of new address) (Must show proof)  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 *Low Income Exemption:***Please provide the amount of **monthly** income you receive from the following sources:

Salary & Wages: \_\_\_\_\_\_\_\_\_\_\_\_ Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Social Security: \_\_\_\_\_\_\_\_\_\_\_\_ Public Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Pension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rental Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dividends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
All Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Marital Status: Single \_\_\_ Married \_\_\_ Widow/Widower \_\_\_  
If married, what is your spouse’s monthly income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Number of dependents (including yourself): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Continued on next page\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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***Active Military Service:***

Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Military Reserve: Yes \_\_\_ No\_\_\_  
If “Yes” to Military Reserve, please provide beginning and end dates of deployment:  
 Beginning \_\_\_\_\_\_\_\_\_\_\_\_ Ending\_\_\_\_\_\_\_\_\_\_  
If “No” to Military Reserve, please provide beginning and end dates for enlistment/commission:

Beginning \_\_\_\_\_\_\_\_\_\_\_\_ Ending\_\_\_\_\_\_\_\_\_\_

***Full Time Student:***

Name of College or Post Secondary Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Expected Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Certification:***

I certify that the information provided above is correct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
  
Return this form to:

**MILTON AREA SCHOOL DISTRICT  
700 Mahoning Street  
Milton, PA 17847  
Attn: Taxes**