



ADAMS COUNTY TAX SERVICES DEPARTMENT

COURTHOUSE, ROOM 202

117 BALTIMORE STREET, GETTYSBURG, PA 17325

TELEPHONE: 717-337-9837 FAX: 717-337-5767

ADAMS COUNTY PER CAPITA TAX REQUEST FOR TAX EXEMPTION- APPLICATION (CONFIDENTIAL INFORMATION)

Please complete each section in its entirety. This application is for **COUNTY PER CAPITA TAX EXEMPTION ONLY**. Applicant is reminded to contact its municipality and school district to request exemption for any per capita and/or occupation tax as applicable.

SECTION I:

DATE OF APPLICATION: _____

NAME: _____ DATE OF BIRTH: _____

PHYSICAL ADDRESS: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

SECTION II: APPLICANT'S INCOME:

What amount of income do you presently receive? (Income is classified as all revenue from whatever source derived, such as salaries, wages, bonuses, alimony, commissions, self-employment, support money, public assistance, pensions, annuities, interest, dividends and social security.) List the source and the amount received from each.

TYPE OF INCOME	AMOUNT	
	MONTHLY	ANNUALLY
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

*If additional lines are necessary, please use the back of this form.

I do affirm that the above information is a true and correct statement of my income as of this date. I understand that by signing below that by the omitting of information and/or providing false statements on this application I shall be subject to prosecution for the commission of a misdemeanor of the second degree in violation of 18 Pa.C.S.A. § 4904(a) (relating to unsworn falsification to authorities).

For Dept Use: Date Rec'd Stamp

Claimant's Signature

Approved by Chief Assessor: _____ Date: _____

Approved By Commissioners: _____ Date: _____

Date Proc'd/Int: _____ Eff. Date: _____