JUNIATA COUNTY Per Capita Tax Exoneration Claim

Tax	Year:	

Claimant's Last Name	First Name	Middle Initial	Bill No.
Spouse's Last Name	First Name	Middle Initial	Bill No.
	5 3.1		
Street Address	Township or Borou	gh Town	
CHECK REASON FOR EXO	NERATION AND INCL	UDE INFORMATION REQ	UIRED
Military Service	Branch of Military		
Student Deceased	School or College		
Deceased Moved from Taxing	Date of Death		
Other (Give Details)	New Distr	ict of Residence Dat	e of Move
Low Income (Comple	ete Following – if married	l, spouse's information must	be completed also.
A. List Dependents	AgeSouther than Self and Spous	se:	
1.	4. 5. 6.		
2	5		
J	0.		
B. List Real Estate	Owned:		
Location of	Property	Assessed Value	
1. 2.	4		
2	5.		
Dividends and of	f income including wages her benefits for you and y URCE		
<u>Claimant</u>	OKCE	AMOUNT RECEIVE	ED ANNUALL I
1			
2			
3	<u> </u>		
SPOUSE 1			
1. 2.			
3.			
	TOT.	AL:	
knowledge and belief. Incom		ne is true, correct and comp on is subject to verification	
Commissioners.			
	Date S _I	oouse's Signature	Date
Claimant's Signature		pouse's Signature	Date
Claimant's Signature	ubmitting Claim		
Claimant's Signature	ubmitting Claim at the Commissioners exo	pouse's Signature	