

**OCCUPATION TAX EXEMPTION REQUEST FORM  
WILLIAMS TOWNSHIP**

PLEASE READ THE IMPORTANT INFORMATION ON THE REVERSE SIDE OF THIS FORM.

**I HEREBY APPLY FOR EXEMPTION FROM THE OCCUPATION TAX FOR THE CALENDAR YEAR JANUARY 1, 2025 - DECEMBER 31, 2025. FOR THE REASON CHECKED BELOW:**

DURING THE TAXING PERIOD I WAS:

EMPLOYED BY \_\_\_\_\_ BUT MY TOTAL EARNED INCOME WAS LESS THAN \$ 1,000.00.

A STAY AT HOME PERSON, BUT SELF-EMPLOYED WITH GROSS EARNED INCOME OF LESS THAN \$ 1,000.00. (EXAMPLES: HOME PARTIES, COSMETIC SALES, BABYSITTING, ETC.)

STAY AT HOME PERSON - NO EARNED INCOME.

RETIRED - NO INCOME.

RETIRED - NET RENTAL INCOME LESS THAN \$ 1,000.00.

RETIRED - WITH EARNED INCOME LESS THAN \$ 1,000.00.

A FULL-TIME COLLEGE STUDENT. NAME OF COLLEGE \_\_\_\_\_

**(PROOF THAT YOU SUCCESSFULLY COMPLETED TWO SEMESTERS OF 12 CREDITS OR MORE MUST BE ATTACHED).**

IN REGULAR ACTIVE MILITARY SERVICE. (PROOF OF AN ACTIVE MILITARY CARD MUST BE SHOWN TO TAX COLLECTOR TO QUALIFY FOR THIS EXEMPTION.)

DISABLED - WITH NO EARNED INCOME.

UNEMPLOYED PERSON - NO EARNED INCOME.

OTHER (PLEASE EXPLAIN) \_\_\_\_\_

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT I MAY BE CALLED UPON TO SUBSTANTIATE THIS INFORMATION.

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: (     ) \_\_\_\_\_ - \_\_\_\_\_ CELL NO: (     ) \_\_\_\_\_ - \_\_\_\_\_

**NOTE: THIS COMPLETED FORM SHALL BE RETURNED TO YOUR TAX COLLECTOR.  
DEADLINE: October 31, 2026**

EXEMPTION REQUEST APPROVED: \_\_\_\_\_ EXEMPTION REQUEST DISAPPROVED: \_\_\_\_\_

## IMPORTANT INFORMATION

**TAX LEVY:** A TAX OF \$55.00 IS LEVIED BY THE **WILLIAMS TOWNSHIP** PURSUANT TO THE LOCAL TAX ENABLING ACT APPROVED DECEMBER 31, 1965 AS AMENDED AND SUPPLEMENTED.

### **TAX EXEMPTION CRITERIA:**

**A:** COMPLETE THIS FORM ONLY IF YOU HAD EARNED INCOME OF LESS THAN \$ 1,000.00 BETWEEN **JANUARY 1, 2025 THROUGH DECEMBER 31, 2025.**

**B:** AN OCCUPATION EXEMPTION REQUEST FORM MUST BE COMPLETED EACH YEAR.

**C:** A SEPARATE OCCUPATION EXEMPTION REQUEST FORM MUST BE COMPLETED BY A HUSBAND AND WIFE.

**D:** TAX PAYERS ARE RESPONSIBLE FOR THE PAYMENT OF THE PER CAPITA TAX.

**THE OCCUPATION TAX EXEMPTION REQUEST FORM EXEMPTS THE TAX PAYER FROM THE OCCUPATION TAX ONLY AND NOT THE \$5.00 PER CAPITA TAX.**

## DEFINITIONS

**OCCUPATION:** ANY TRADE, PROFESSION, BUSINESS, OR UNDERTAKING OF ANY TYPE, KIND OR CHARACTER INCLUDING SERVICES, DOMESTIC OR OTHER FOR WHICH AN AGGREGATE TOTAL COMPENSATION OF AT LEAST \$ 1,000.00 PER TAX YEAR IS CHARGED OR RECEIVED WHETHER BY MEANS OF SALARY, WAGES, RENT, COMMISSIONS, FEES, OR RETAINER FOR SERVICES RENDERED.

**EARNED INCOME:** PAYMENT RECEIVED BY A TAXPAYER BY WAY OF SALARY, WAGES, RENT, COMMISSIONS, FEES, OR RETAINERS FOR SERVICES RENDERED.

## NOTICE

**NOTE:** THIS FORM MUST BE SUBMITTED TO YOUR TAX COLLECTOR NOT LATER THAN **OCTOBER 31, 2026** TO BE CONSIDERED FOR EXEMPTION FROM PAYMENT OF THE OCCUPATION TAX.

APPROVAL OF THIS REQUEST WILL EXEMPT THE TAXPAYER FROM PAYING THE OCCUPATION TAX ONLY. **THE TAXPAYER IS STILL RESPONSIBLE FOR PAYMENT OF THE PER CAPITA TAX.**

IF YOU HAVE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CALL THE:

**WILLIAMS TOWNSHIP MUNICIPAL OFFICE at (717) 647- 4877.**