



**APPLICATION FOR THE EXEMPTION FROM POLL TAX
TAXATION YEAR _____**

PLEASE COMPLETE AND FORWARD TO THE ADDRESS BELOW

Last Name of Applicant (Maiden Name if Applicable) _____

First Name and Initial _____

Mailing Address _____

Postal Code _____

Telephone Number _____ Date of Birth _____

You may claim exemption from paying poll tax for the taxation year indicated if you belong to one or more of the following groups:

(Please check the item(s) that apply to you)

1. _____ a person under 18 years of age (provide copy of birth certificate, baptismal certificate, drivers licence, etc.)
2. _____ a person who is not a resident in the town for the entire taxation year indicated above (from _____ to _____, 20____)
3. _____ a person whose income from all sources is less than the basic personal exemption provided for under the INCOME TAX ACT.

SOURCES OF INCOME

Income from Employment	\$ _____
Income from Self Employment	\$ _____
Income from Social Assistance	\$ _____
Unemployment Insurance Benefits	\$ _____
Old Age Pension/Guaranteed Income Supplement	\$ _____
Canada Pension	\$ _____
War Veterans Allowance	\$ _____
Other Pensions (state details)	_____
_____	\$ _____
Rental Income	\$ _____
Income from Borders or Roomers	\$ _____
Interest or Dividends	\$ _____
Other Income (state details)	_____
_____	\$ _____
TOTAL INCOME FROM ALL SOURCES DURING YEAR OF APPLICATION	\$ _____

4. _____ a person being the owner of a real property within the Town boundaries.

Upon completion of your application you will be notified whether you are exempt in full or in part from the payment of the poll tax.

TO WITNESS:

I, _____ of _____ make this oath and say that all the matters and things contained in this statement are correct and true to the best of my knowledge, information and belief.

SIGNATURE: _____ DATE: _____

NOTE: Persons before whom this oath can be sworn include Commissioner of Oaths, Notaries Public, Magistrate, Justice of the Peace, Barristers and Commissioners of the Supreme Court.

Sworn At: _____
Aforesaid This: _____ Day of _____ 20____
Before Me: _____

Town Clerk

(It is a serious offence to make a false statement)

Town of Gambo
P.O. Box 250
Gambo, NL A0G 1T0
Tel: 709-674-4476
Fax: 709-674-5399