



MIKE FASANO

TAX COLLECTOR
PASCO COUNTY FLORIDA

POST OFFICE BOX 276 • DADE CITY, FLORIDA 33526-0276

Request for Exemption for Business Tax Receipt

Business Name: _____

Applicant Name: _____

Business Address: _____

I attest that I am a majority interest owner of the above-named business, I have fewer than 100 employees, and I do not sell intoxicating liquors or malt and vinous beverages.

- ☐ I am a veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse, or un-remarried surviving spouse of such a veteran.
- ☐ I am the spouse of an active duty military service member who has relocated to Pasco County pursuant to a permanent change of station order.
- ☐ I receive public assistance as defined in Florida Statute 409.2554
- ☐ My household income is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines.
- ☐ I am a Church /Religious Organization and have attached proof of the Florida Department of Revenue Tax Exemption.
- ☐ I am a Non-Profit Organization and have attached proof of the Florida Department of Revenue Tax Exemption or IRS 501-C3.

The below exemptions should have not more than one employee or helper, and who use their own capital only, not in excess of \$1,000.

- ☐ I am a person 65 or older and have attached proof of the same.
- ☐ I am disabled and physically incapable of manual labor.
- ☐ I am a widow with minor dependents

Under penalty of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Business Owner's Signature _____

Printed Name _____

Date _____

Required Documents

- ☐ **Veteran Exemption, Spouse of a veteran, or the un-remarried surviving spouse of a veteran must provide:**

- Copy of the veteran's DD214 with the character of service reading Honorable.

NOTE: If the applicant is a spouse or un-remarried surviving spouse; they must also provide a copy of their marriage license and/or death certificate.

- ☐ **Spouse of an active duty military service member must provide:**

- Copy of spouse's orders
- A copy of their marriage license

- ☐ **Public assistance must provide:**

- Copy of the Florida Driver License or ID card
- Current letter from Department of Family and Children authorizing public assistance.

- ☐ **Household income is below 130 percent of the federal poverty level must provide:**

- Copy of the most recent income tax return

- ☐ **65 or older must provide:**

- Copy of Florida Driver License or ID card
- Proof they live in Pasco County
- Proof of Florida residency

- ☐ **Disabled and physically incapable of manual labor must provide:**

- Copy of Florida Driver License or ID card
- Proof they live in Pasco County
- Provide one of the following:
 - A certificate from a physician
 - Disabled parking placard
 - Vehicle registration indicating they have a disabled tag
 - Disabled hunting/fishing license
 - A disabled property tax exemption

- ☐ **Widow with minor dependents must provide:**

- Copy of Florida Driver License or ID card
- Proof they live in Pasco County
- Proof of deceased spouse
- Proof of at least one minor dependent under the age of 18

- ☐ **Church / Religious Organization must provide:**

Proof of the Florida Department of Revenue Tax Exemption.

- ☐ **Non-Profit Organization must provide:**

Proof of the Florida Department of Revenue Tax Exemption or IRS 501-C3.