

**SELF EMPLOYED OCCUPATIONAL PRIVILEGE TAX
JOHNSONBURG BOROUGH (YEAR _____)**

Amount Due: \$ 5.00

Name

Address

Check No.: _____

Date remitted: _____

Return is due by April 30th.

KEEP THIS PART FOR YOUR RECORDS

DETACH HERE AND RETURN BOTTOM HALF

**SELF EMPLOYED OCCUPATIONAL PRIVILEGE TAX
JOHNSONBURG BOROUGH (YEAR _____)**

MAKE CHECK PAYABLE AND REMIT TO:

Name

Address

St. Marys Tax Service
419 Erie Ave Ext - PO Box 539
St. Marys, PA 15857 0539
Phone: (814)834-9619
Fax: (814)834-7664

Amount Due: \$ 5.00

Check No.: _____

- Enclosed is my payment.
- My employer withheld my occupation privilege tax.

List here employer's name
- I pay my occupation tax to another district. Enclosed is a copy of my receipt.
- I certify that no portion of my business or occupation is carried on or performed within the limits of the taxing body shown. Area of business or occupation is:

I certify that the above checked box is a true and correct statement,

signed _____
Your Signature