

**SELF EMPLOYED OCCUPATION PRIVILEGE TAX
FOX TOWNSHIP (YEAR _____)**

Amount Due: \$10.00

Name

Check No.: _____

Address

Date remitted: _____

Return is due by April 30th.

KEEP THIS PART FOR YOUR RECORDS

DETACH HERE AND RETURN BOTTOM HALF

**SELF EMPLOYED OCCUPATION PRIVILEGE TAX
FOX TOWNSHIP (YEAR _____)**

MAKE CHECK PAYABLE AND REMIT TO:

Name

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

Address

Amount Due: \$10.00

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 of occupation is:

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

signed _____

Your Signature