

**SELF EMPLOYED OCCUPATION PRIVILEGE TAX
JAY TOWNSHIP (YEAR ____)**

Amount Due: \$10.00

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 OCCUPATION PRIVILEGE TAX
JAY TOWNSHIP (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: \$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