

FLAT RATE OCCUPATIONAL ASSESSMENT TAX NOTICE

YOURSELF **WITH SPOUSE**
(IF APPLICABLE)

FOR TAX YEAR: _____ TO: _____
 IMPOSED BY: _____

TAX OFFICER:
BERKS EIT BUREAU
 1125 BERKSHIRE BLVD., SUITE 115
 WYOMISSING, PA 19610-1700
 610-372-8439
 TOLL FREE 1-855-372-8439

FLAT RATE IF PAID BETWEEN: AND			
SUBTRACT DISCOUNT	%	IF PAID BEFORE	
ADD PENALTY	%	IF PAID ON OR AFTER	
ADD INTEREST	%	PER MONTH IF PAID ON OR AFTER	
\$ 50.00 SERVICE CHARGE WILL BE ADDED TO ALL RETURNED CHECKS		TOTAL AMOUNT DUE	

RESIDENT'S NAME/ADDRESS/ACCOUNT NUMBER:

MAKE CHECKS PAYABLE TO: BERKS EIT BUREAU

IF REQUESTING EXEMPTION PLEASE CHECK STATUS:

YOURSELF	SPOUSE	RETIRED
<input type="checkbox"/>	<input type="checkbox"/>	HOMEMAKER
<input type="checkbox"/>	<input type="checkbox"/>	UNDER 18 (DATE OF BIRTH)
<input type="checkbox"/>	<input type="checkbox"/>	OTHER (ENCLOSE EXPLANATION)

NAME(S): _____
 ADDRESS: _____
 DATE OF CHANGE: _____

WHO IS LIABLE FOR THIS TAX:

ALL WHO WERE RESIDENTS OF THE SCHOOL DISTRICT AND/OR MUNICIPALITY NAMED ON THIS FORM AS OF THE BEGINNING OF THE TAX YEAR (JULY 1), EIGHTEEN (18) YEARS OF AGE AND OVER AND ENGAGED IN ANY OCCUPATION, TRADE OR PROFESSION, WHETHER FULL-TIME OR PART-TIME, SELF-EMPLOYED OR IN THE EMPLOY OF ANOTHER.

IF ADDRESS IS INCORRECT, MAKE CHANGE IN LOWER RIGHT CORNER BOX OF BUREAU COPY.

LOCK BOX AVAILABE ON-SITE 24 HOURS A DAY.

TAXPAYER COPY

INSTRUCTIONS FOR COMPLETION OF FORM:

- WHEN ONLY ONE (1) RESIDENT IS LIABLE FOR THIS TAX USE "YOURSELF" COLUMN; WHEN BOTH HUSBAND AND WIFE ARE LIABLE, USE "WITH SPOUSE"
- THE FLAT RATE OF \$10.00 IS OWED, PER TAXABLE RESIDENT, IF PAID BETWEEN THE INDICATED DATES.
- A DISCOUNT MAY BE SUBTRACTED IF PAID BEFORE THE INDICATED DATE.
- PENALTY IS OWED IF PAID AFTER FLAT RATE PERIOD EXPIRES.
- INTEREST IS OWED (PER MONTH) IF PAID AFTER FLAT RATE PERIOD EXPIRES.

DETACH AND RETURN COUPON BELOW WITH PAYMENT. IF YOU REQUIRE A RECEIPT, ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE.

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