

Montgomery Township Occupational Privilege Tax Information

For your convenience, we have condensed the instructions for filing Occupational Privilege Tax Forms. Copies of the complete instructions brochure are available at the Montgomery Township Tax Office, 495 Hileman Road, Cherry Tree, PA 15724, or by calling 814-743-5236.

The Occupational Privilege Tax is levied upon the privilege of engaging in an occupation within Montgomery Township and the Purchase Line School District. Purchase Line School District is charged with the administration and enforcement of this tax.

WHO IS TAXABLE:

- All owner/operators, self-employed persons and **all employees who receive earnings of at least \$2000** through income, salary, wages, commissions and fees.
- Occupation(s) shall mean any trade, profession, business or undertaking of any kind, type or character, including services, domestic or other, located within Montgomery Township.

THE EMPLOYER IS RESPONSIBLE FOR COLLECTING AND SUBMITTING THE OP TAX TO THE TAX COLLECTOR.

- This \$10 tax is to be paid ONCE A YEAR.
- Please ask all your employees if they have paid this tax for the current year.

DEADLINES FOR FILING THE TAX

- Tax returns are due on April 30th for anyone earning \$2000 in the first quarter of the year. If an owner/operator or employee reaches the \$2000 limit after March 31st, please submit the tax according to the following deadlines: Second Quarter – July 31st; Third Quarter – October 31st and Fourth Quarter – January 31st.
- If additional forms are needed please contact the Montgomery Township Tax Office at 814-743-5236.

Please complete and return the bottom portion of this form by the tax deadline date. Please include a self-addressed stamped envelope if a receipt is required.

*Checks should be made payable to Patricia Goodlin, Montgomery Township Tax Collector
495 Hileman Road, Cherry Tree, PA 15724*

Please list below or attach a list showing the names and address of each person paying the tax. If you feel you are no longer responsible for paying this tax, please list the reason below.

I hereby certify that this return has been examined by me and the information herein is true, correct and complete.

Signature _____ Title _____ Date _____

Please make any necessary changes to your address below

1. Number of Owner/Operators or Self Employed _____
2. Number of Employees reported this Quarter _____
3. Gross Amount Tax Withheld (Line 1 & 2 X \$10) _____
4. Penalty (5% after 30 days from due date) _____
5. Interest (6% per year after due date) _____
6. Total Amount Remitted to Tax Collector _____

OP TAX YEAR _____ QUARTER: 1ST 2ND 3RD 4TH