

FLAT RATE OCCUPATIONAL ASSESSMENT TAX NOTICE

FOR TAX YEAR:	TO:	FLAT RATE IF PAID BETWEEN: AND	
IMPOSED BY:		SUBTRACT DISCOUNT % IF PAID BEFORE	
TAX OFFICER: BERKS EIT BUREAU 1125 BERKSHIRE BLVD., SUITE 115 WYOMISSING, PA 19610-1700 610-372-8439 TOLL FREE 1-855-372-8439		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:

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

NAME(S): _____

ADDRESS: _____

DATE OF CHANGE: _____

PLEASE RETAIN THIS COPY FOR YOUR RECORDS

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 AVAILABLE ON-SITE 24 HOURS A DAY

PROOF MUST BE PROVIDED FOR ANYONE CLAIMING EXEMPTION DUE TO AGE, DEATH, OR CHANGE OF RESIDENCY.

INSTRUCTIONS FOR COMPLETION OF FORM:

- * 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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BUREAU COPY (RETURN WITH PAYMENT)