

<p>JAN. 1, TO DEC. 31,</p> <p align="center">OCCUPATION PRIVILEGE TAX PERSONAL RETURN (SELF-EMPLOYED)</p> <p align="center">PARKLAND SCHOOL DISTRICT TAX OFFICE, P. O. BOX 200 OREFIELD, PA. 18069-0200</p> <p>I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT</p> <p>AUTHORIZED SIGNATURE _____</p> <p>DATE FILED _____</p>	<p>READ INSTRUCTIONS BELOW</p> <p>IN THIS WAY YOU CAN VERIFY YOU OCCUPATION BEFORE COMPLETING</p> <p>REMINDER – SIGN THIS RETURN</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1. OCCUPATION PRIVILEGE TAX</td> <td style="width:20%; text-align: center;">10</td> <td style="width:20%; text-align: center;">00</td> </tr> <tr> <td>2. PENALTY (10%)</td> <td></td> <td></td> </tr> <tr> <td>3. INTEREST (1/2% PER MO.)</td> <td></td> <td></td> </tr> <tr> <td>4. TOTAL DUE</td> <td></td> <td></td> </tr> </table> <p>PAYABLE TO: PARKLAND SCHOOL DISTRICT TAX OFFICE, P. O. BOX 200 OREFIELD, PA. 18069 - 0200</p>	1. OCCUPATION PRIVILEGE TAX	10	00	2. PENALTY (10%)			3. INTEREST (1/2% PER MO.)			4. TOTAL DUE		
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NAME AND ADDRESS

SOCIAL SECURITY NO.

YEAR

FORM
POP 3

COPY A

JAN. 1, TO DEC. 31,

A. My "Employer" withheld my Occupation Privilege Tax.

EMPLOYER'S NAME	EMPLOYER'S NUMBER
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B. I paid my _____ Occupation Privilege Tax and have in my possession a Received Personal Return

dated _____

C. I certify that no portion of my business or occupation is carried on or performed within the Corporate Limits of the **PARKLAND SCHOOL DISTRICT**. Area of Business or occupation is _____
I certify that the above checked box
Is a true and correct statement, signed _____

NAME AND ADDRESS

SOCIAL SECURITY NO.

YEAR

FORM
POP 3

COPY B

INSTRUCTIONS FOR COMPLETING FORM

POP #3 – OCCUPATION PRIVILEGE TAX, "PERSONAL RETURN"

Instructions to Self-Employed Persons or Individuals Whose Employers are Not Required to Withhold.

- A. In the event that you have only one (1) occupation, complete and file this return with your payment by the nearest due date as follows: April 30, July 31, Oct. 31, and Jan. 31.
- B. In the event that you have an employer who has deducted the tax, check Box "A", and fill in the employer's name and number. Your employer is required to furnish you with an "Evidence of Deduction Certificate" giving the employer's name and number. Return copy "B" to Parkland School District, Tax Office, P. O. Box 200, Orefield, PA 18069-0200.
- C. When you receive more that one Form POP #3 Occupation Privilege Tax, "Personal Return", remit your payment with the primary "Return". On all others, return copy "B" to the Tax Office, after filling in box and line B.

In the event that you are NOT engaged in a business or occupation WITHIN the corporate limits of the Parkland School District check Box "C" and return to Parkland School District, Tax Office, P. O. Box 200, Orefield, PA 18069-0200.

REMINDER-----when filing copy "B", it must be signed.

TAXPAYERS BILL OF RIGHTS DISCLOSURE STATEMENT

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling the Parkland School District, Tax Office at 610-351-5570 during the hours of 8:00 a.m. to 4:00 p.m. on any weekday other than district holiday.