

# Township of Upper Moreland

## 2005 OCCUPATIONAL PRIVILEGE TAX RETURN

PAYABLE TO:  
 UPPER MORELAND TOWNSHIP  
 117 PARK AVENUE  
 WILLOW GROVE, PA 19090

<input checked="" type="checkbox"/>	FOR PERIOD ENDING:	DUE DATE
	Jan. 1 to April 30	Due May 15
	May 1 to Aug 31	Due Sept. 15
	Sept. 1 to Dec. 31	Due Jan. 15

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION  
 HEREIN CONTAINED IS TRUE AND CORRECT

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE FILED \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Name and Address	Account Number
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1. Total number of individuals reported herewith	
2. Gross amount of tax (Line 1 x 10.00)	
3. Employer's collection fee* (Line 2 x 2%)	(      )
4. Net Amount Due (Line 2-3)	
5. Penalty (5%)	
6. Interest (1/2% per month)	
<b>7. Total Due - Sum of Lines 4, 5 and 6</b>	

### INDIVIDUAL LISTING

Employees / Owners Names Social Security Number

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Additional Employees may be listed on a blank sheet of paper and attached to this form. A computer printout is also acceptable.  
 \*The collection fee applies to Returns received by the Due date indicated. Late Returns must include Penalty and Interest.

# INSTRUCTIONS TO EMPLOYER

1. Forms must be filed on or before due date as shown on the face of the form.
2. No collection fee will be allowed on returns filed after the due date.
3. It is the duty of the employer to collect \$10.00 PER YEAR from himself and all employees working within the corporate limits of Upper Moreland Township.
4. If new employees are hired after April 30<sup>th</sup> of the tax year, it is the responsibility of the employer to file additional Occupational Privilege Tax Returns within the supplemental periods.
5. In the event that you have no employees from whom you are required to deduct the tax in the period shown, write the word NONE on Line #1 of the Employer's Return. Sign the form and return it to the Business Tax Officer.

6. Return original form and check made payable to:

Collector of Occupational Privilege Tax  
Upper Moreland Township  
117 Park Avenue  
Willow Grove, PA 19090-3215

Telephone: (215) 659-3100, Ext. 1044 or 1045  
Fax: (215) 659-3305

7. Refund claims must be made no later than April 1<sup>st</sup> of the year following payment of the tax.
8. Additional listing forms and/or individual "Employee's Evidence of Deduction" certificates are available upon request. The Employee's paystub is sufficient proof of tax deduction. However, individual employee receipts, Form OP-2, are available if required.
9. Employer's listings of employees with Social Security numbers, whether or not computerized, are acceptable.
10. Individual shall mean any person, engaged in any occupation, trade or profession of any nature, type or kind whatsoever, within the Corporate limit of the Township, whether in the employ of another or self-employed.