

FORM OP3

OCCUPATIONAL PRIVILEGE TAX
PERSONAL RETURN
(Self-Employed)
BEAVERTOWN BOROUGH

I declare under penalty of law that the information herein contained is true and correct.

AUTHORIZED SIGNATURE

DATE FILED

Employer's Name and Address

**READ INSTRUCTIONS
ON BACK OF FORM
BEFORE COMPLETING**

**REMINDER - SIGN THIS
RETURN**

FOR PERIOD

- 1. Occupational Privilege Tax
- 2. Penalty (6%)
- 3. Total Due

52	00	1
		2
		3

O.P. TAX COLLECTOR
P.O. Box 268
Beavertown, PA 17813
Phone 658-2482

COLLECTOR'S STAMP

COPY A - TO COLLECTOR - INSTRUCTIONS ON REVERSE SIDE

DUE ON OR BEFORE