

OP 3 **OCCUPATIONAL PRIVILEGE TAX  
PERSONAL RETURN (SELF-EMPLOYED)**

**UPPER MILFORD TOWNSHIP**

PAYABLE TO:  
**UPPER MILFORD TOWNSHIP TAX COLLECTOR  
P.O. BOX 265  
OLD ZIONSVILLE, PA 18068-0265**

NAME AND ADDRESS TAX YEAR SOCIAL SECURITY NO.

|                                      |                |
|--------------------------------------|----------------|
| 1. Occupational Privilege Tax        | <b>\$10.00</b> |
| 2. Penalty & Interest (1% per month) |                |
| <b>3. TOTAL DUE</b>                  |                |

READ INSTRUCTIONS ON BACK OF FORM  
IN THIS WAY YOU CAN VERIFY YOUR OCCUPATION SITUATION  
BEFORE COMPLETING

**DUE DATE 6/15**

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

AUTHORIZED  
SIGNATURE \_\_\_\_\_

DATE FILED \_\_\_\_\_

**COPY A - TAX BUREAU'S COPY**

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**COPY B - TAXPAYER'S COPY**

A.  My "Employer" withheld my Occupational Privilege Tax.  
Attach Copy

|                 |                   |
|-----------------|-------------------|
| EMPLOYER'S NAME | EMPLOYER'S NUMBER |
|-----------------|-------------------|

B.  I paid my Occupation Privilege Tax in the municipality of \_\_\_\_\_ (copy attached).

C.  I certify that no portion of my business or occupation is carried on or performed within Upper Milford Township, Lehigh County,  
Pennsylvania. Business address is \_\_\_\_\_

COPY "C" to **UPPER MILFORD TOWNSHIP TAX COLLECTOR  
P.O. BOX 265  
OLD ZIONSVILLE, PA 18068-0265**

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AUTHORIZED  
SIGNATURE \_\_\_\_\_

DATE FILED \_\_\_\_\_

**COPY C - FILE WITH TAX BUREAU WHEN APPLICABLE**

## **INSTRUCTIONS FOR PERSONAL RETURN**

Instructions for self-employed persons whose employers are not required to withhold.

1. In the event that you maintain your principal office in the Township of Upper Milford, complete and file this return with your payment by the date as shown.
2. If your business is not performed in Upper Milford and you do not maintain a home office, check Box B, Copy C, and return it to the Collector.
3. In the event that you have paid Occupational Privilege Tax to another municipality, check Box A, Copy C, fill in the name of the municipality, and return Copy C to the Collector.
4. If your employer has deducted Occupational Privilege Tax check Box A, Copy C, fill in the employer's name and address, and return Copy C to the Collector.

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