

**FORM OP-1 EMPLOYER'S RETURN**

CALENDAR YEAR

OCCUPATIONAL PRIVILEGE TAX

PAYABLE TO:

WOLF TOWNSHIP

584-2672

695 RTE 405 HWY

HUGHESVILLE PA 17737

TAX LEVIED BY: WOLF TOWNSHIP

TOTAL NUMBER OF EMPLOYEES REPORTED HEREWITH (INCLUDE OWNERS AND MANAGERS)			1
GROSS AMOUNT OF TAX-LINE 1 X \$ 10.00			2
EMPLOYER FEE	2.00%		3
NET AMT DUE Line 2 minus Line 3			4
PENALTY	5.00%		5
INTEREST	0.50% PER MONTH		6
TOTAL-INCLUDING ANY PENALTY AND INTEREST DUE			7

I Declare Under Penalty of Law That The Information Herein  
Contained is True and Correct

Authorize  
Signature

Date Filed

NAME AND ADDRESS

ACCT. #

FOR QUARTER ENDING

SPACE BELOW FOR  
TAX COLLECTOR'S USE

DUE ON OR BEFORE

WHITE - EMPLOYER'S COPY  
CANARY - TAX COLLECTOR'S COPY

ENCLOSE SUPPORTING OP-2 COPIES (ITEM 1 ABOVE)