

CENTRAL TAX BUREAU OF PA, INC.
20 EMERSON LN
STE 908
BRIDGEVILLE, PA 15017-3465

2006 FORM EMST-3 EMERGENCY AND MUNICIPAL SERVICES TAX
PERSONAL RETURN
(SELF-EMPLOYED INDIVIDUALS AND EMPLOYEES PAYING THEIR OWN TAX)



CENTRAL TAX BUREAU OF PA, INC.
Office Hours: M-TH 9:00 TO 4:00; F 9:00 TO 2:00
(412) 220-7347
(800) 519-7347

GENERAL INFORMATION

} Make checks payable to: **CENTRAL TAX BUREAU OF PA, INC.**

} Fill in the name of business or employer on bottom form and return with payment to the office listed.

REMIT PAYMENT TO: CENTRAL TAX BUREAU OF PA, INC. 20 EMERSON LN STE 908 BRIDGEVILLE, PA 15017-3465	Name of Business or Employer		Place of Employment (City, Boro or Twp.)		EMERGENCY AND MUNICIPAL SERVICES TAX	
			02575-ROBINSON TOWNSHIP		1. Emergency and Municipal Service Tax	52.00
TAXING DISTRICT: 02575-ROBINSON TOWNSHIP	Year	Due Date	Social Security Number			
	2006					
	Name and Address			<input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER DATE PAID:		
				2. Penalty (10%) (.1) of Gross 3. Interest (6%) (.06) Per Year 4. Total		

} You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. You may obtain a copy of the "TAXPAYER BILL OF RIGHTS" disclosure statement by contacting your local political subdivision during normal business hours.

q Keep top portion for your records q

p Detach and return with your payment p

**2006 EMERGENCY AND MUNICIPAL SERVICES TAX (FORM EMST-3)
PERSONAL RETURN - (SELF-EMPLOYED INDIVIDUALS AND EMPLOYEES PAYING THEIR OWN TAX)**

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MAKE CHECKS PAYABLE TO: CENTRAL TAX BUREAU OF PA, INC.	I declare under penalty of law that the information herein contained is true and correct.					
	<input checked="" type="checkbox"/>					Signature
DATE PAID:					Date:	
RETURN BOTTOM PORTION TO TAX OFFICE					SIGNATURE IS REQUIRED	