

**ADD FORM - Per Capita / Occupation Tax**

District: \_\_\_\_\_  
School District: \_\_\_\_\_  
Control # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Date moved into area: \_\_\_\_\_

General description of your job duties: \_\_\_\_\_  
\_\_\_\_\_

Name of your Current Employer: \_\_\_\_\_

Average hours worked each week: \_\_\_\_\_

I declare that the above information is true and accurate.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTICE:**

False statements made of this form are subject to criminal prosecution under Section 4904 of the PA Crimes Code and could result in fines up to \$5,000.00 or imprisonment up to two years.

Mail this form to:

Elk County Courthouse, Assessment Office, PO Box 448, Ridgway, PA 15853

Please call our office with any questions you may have 814-776-5340