

2016

RECEIPT AND DISTRIBUTION OF FOREIGN FIRE INSURANCE PREMIUM TAX

THIS FORM MUST BE COMPLETED AND SIGNED BY THE APPROPRIATE MUNICIPAL OFFICIAL

RETURN TO: DEPARTMENT OF THE AUDITOR GENERAL
BUREAU OF FIRE RELIEF AUDITS
327 FINANCE BUILDING
HARRISBURG, PA 17120-0018

E-MAIL TO: Fire@PaAuditor.gov

PLEASE DO NOT MAIL A PAPER COPY IF THE 706-B FORM IS RETURNED VIA E-MAIL

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(Name of City, Borough or Township)

(County)

IN ACCORDANCE WITH ITS DUTY TO ADMINISTER THE FOREIGN FIRE INSURANCE TAX DISTRIBUTION LAW (CHAPTER 7 OF ACT 205 OF 1984), THE DEPARTMENT OF THE AUDITOR GENERAL REQUIRES EACH MUNICIPAL TREASURER TO COMPLETE THIS FORM AND RETURN IT TO THE ABOVE ADDRESS WITHIN 60 DAYS OF ITS RECEIPT.

I certify that I received a check representing funds received from taxes paid by foreign fire insurance companies as provided by Act 205 of 1984, and those funds were distributed to organizations defined as qualifying for funding allocations according to Act 118 of 2010. The funds were distributed within 60 days of receipt to the **Volunteer Firefighters' Relief Association(s)** of the fire company(ies) that provide(s) actual fire protection service to this municipality, and are listed below. (Disbursements are to be made to **Volunteer Firefighters' Relief Associations** only, Not Fire Companies)

_____ (Date Check Received)	\$ _____ (Amount Received)
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False statements made herein are punishable under 18 P.S. § 4904 (relating to unsworn falsification to authorities).

_____ (Signature of Municipal Treasurer)	_____ (Printed Name of Municipal Treasurer)	_____ (Date)
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_____ (Home Phone Number)	_____ (Work Phone Number)
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NOTE: THIS FORM IS NOT TO BE SENT TO THE VOLUNTEER FIREFIGHTERS' RELIEF ASSOCIATION

(A)

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(Print Full Name of the **Volunteer Firefighters' Relief Association** – No Acronyms)

(County)

(Address of the **Volunteer Firefighters' Relief Association**)

(Printed Name of Treasurer of the **Volunteer Firefighters' Relief Association**)

(Telephone Number)

(Home Address of Treasurer of the **Volunteer Firefighters' Relief Association**)

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(Amount of the Municipal Check)

(Date of the Municipal Check)

(Municipal Check Number)

(FORM 706-B)

If the municipality provides these funds to more than one **relief association** please continue below.

(B)

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(Print Full Name of the **Volunteer Firefighters' Relief Association**)

(County)

(Address of the **Volunteer Firefighters' Relief Association**)

(Printed Name of Treasurer of the **Volunteer Firefighters' Relief Association**)

(Telephone Number)

(Home Address of Treasurer of the **Volunteer Firefighters' Relief Association**)

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(Amount of the Municipal Check)

(Date of the Municipal Check)

(Municipal Check Number)

(C)

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(Print Full Name of the **Volunteer Firefighters' Relief Association**)

(County)

(Address of the **Volunteer Firefighters' Relief Association**)

(Printed Name of Treasurer of the **Volunteer Firefighters' Relief Association**)

(Telephone Number)

(Home Address of Treasurer of the **Volunteer Firefighters' Relief Association**)

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(Amount of the Municipal Check)

(Date of the Municipal Check)

(Municipal Check Number)

(D)

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(Print Full Name of the **Volunteer Firefighters' Relief Association**)

(County)

(Address of the **Volunteer Firefighters' Relief Association**)

(Printed Name of Treasurer of the Relief Association)

(Telephone Number)

(Home Address of Treasurer of the **Volunteer Firefighters' Relief Association**)

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(Amount of the Municipal Check)

(Date of the Municipal Check)

(Municipal Check Number)