

**Division Tax & Assessment Bill**

Your Tax Assessment is based on the membership reported on the “DIV Member Total” tab of the Division’s Membership Report, copied below.

|  |
| --- |
| **Membership Summary** |
| Membership Reported 12/31/2020 | 0 |
| Membership Increase Stated in line A4 | 0 |
| Subtotal Membership Increase (Add line C1 & line C2) | 0 |
| Membership Decrease Stated in line B5 | 0 |
| Membership Total Reported 12/31/2020 (Subtract line C4 from line C3) | 0 |
| Number of Priests, Deacons, & Religious | 0 |
| Number of National Board Life Members | 0 |
| Total Non-Taxable 2020 Members (Add line C6 & C7) | 0 |
| **Total Taxable 2020 Members (Subtract line C8 from line C5)** | 0 |

**State:\_\_\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National Per Capita $5.00 x Taxable Members (line 33) = $\_\_\_\_\_\_\_\_\_\_\_**

**State Per Capita $ x Taxable Members (line 33) = $\_\_\_\_\_\_\_\_\_\_\_**

**County Per Capita $ x Taxable Members (line 33) = $\_\_\_\_\_\_\_\_\_\_\_**

**National Nuns of the Battlefield and Appeals for Aid**

 **$ 1.50 x Total Members (line 29) =$ \_\_\_\_\_\_\_\_\_\_\_\_**

 **TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_**

Send your Division’s check for the Full Amount to the County, or State Treasurer if no County Board by **January 31, 2021.** Make check payable to the **Ladies Ancient Order of Hibernians, Inc. and mail a copy of this bill with your check.**

**County or State Treasurer**

**Her Street Address**

**City, St, Zip**