

Township of Parsippany-Troy Hills

Open Position Announcement

Certified Tax Collector

Department: Finance, Division of Tax Collection

Workweek: Monday through Friday 9:00 A.M. to 5:00 P.M.

Wage: Per Ordinance, Salary Range \$90,000 – \$140,000 White Collar, Non-Exempt
Excellent Benefits Package provided.

Definition: Performs the statutory responsibilities of the Tax Collector and Utility Billing Collector.
Note: The definition and examples of work for this title are for illustrative purposes only. A particular position using this title may not perform all duties listed in this job specification. Conversely, all duties performed on the job may not be listed.

Skills/Duties: Duties include leading the daily operations of the tax office, serving as the central cashier for municipal receipts, managing billing and collection for approximately 18,000 property tax line items as well as Water and Sewer utility accounts, conducting annual tax sales, ensuring compliance with state statutes, responds to OPRA request, preparing financial reports, and supervising department staff.

Excellent organizational, mathematical, and analytical skills are essential, as is the ability to establish effective working relationships with coworkers, officials, and the general public. Candidates must demonstrate an in-depth knowledge of New Jersey municipal tax collection laws (N.J.S.A. Title 54). Proficiency in Edmunds Financial Software (Tax & Utility modules) and Microsoft Excel, Outlook, and Word is required. Possession of a valid Certified Municipal Tax Collector (CTC) certificate issued by the NJ Department of Community Affairs is required. Preferred candidates will possess at least three (3) years of experience in municipal tax and utility collection in a comparable municipality.

To Apply: Please e-mail cover letter, resume, references, and copy of CTC license to Khaled Madin, Business Administrator at jobs@parsippany.net and Angelica Sabatini, CFO at asabatini@parsippany.net

Closing Date: Open until filled. EOE.

Date Posted: _____ **Posted By:** _____

Department: _____

(Return the original signed form to L. Arcuri, Administrator's Office. Post the copy)