

City of MoundsvillePO Box E, Moundsville, WV 26041-0955
Phone (304) 845-3394 Fax (304) 845-7130

BUSINESS AND OCCUPATIONAL TAX RETURN

VES	VIRGINA										
* ALL ACTIVE BUSINESSES MUST FILE A RETURN EVEN IF YOU DO NOT HAVE ANY GROSS SALES FOR THIS RETURN PERIOD. * CHANGE INCORRECT NAME AND ADDRESS * PLEASE REFERENCE ACCOUNT NO. ON ALL CORRESPONDENCE. Account Name		ALL QUESTIONS MUST BE ANSWERED DATE BUSINESS BEGAN IN CITY IF FISCAL YEAR IS USED, WHEN DOES IT END? DURING PERIOD COVERED BY THIS RETURN, DID YOU QUIT BUSINESS YES NO DATE SELL OR DISPOSE OF BUSINESS? YES NO DATE IF SOLD BUSINESS, GIVE NAME & ADDRESS OF NEW OWNER									
						Address		MAIN OFFICE ADDRESS			
								NATURE OF BUSINESS			
	COMPUTATION	OF TAX (FSTIMA	TED)								
	Your Previous Business Classific										
CODE	BUSINESS CLASSIFICATION		TAXABLE GROSS	RATE/ \$100	TAX DUE						
11	(A1) Production Coal			1.00							
2	(A2) Limestone, Standstone and Timber			1.50							
3	(A4) Natural Gas Over 5,000			6.00							
4	(A5) Other Natural Resource			2.00							
5	(B) Manufactured/Compound Products			.25							
6	(C1) Retail/Restaurant			.33							
7	(C2) Sale of Property Wholesale			.15							
8	(C3) Service			.75							
9	(D) Contracting			2.00							
10	(E) Places of Amusement			.50							
11	(F) Rentals			1.00							
12	(G) Banking Other Financial			1.00							
13	(H2) Natural Gas & Toll Bridges			3.00							
14	(H3) Electric & Power Co (All Other Sales & Demand) Charges for All Other Purposes			3.00							
15	(H4) Electric & Power Co (All Other Sales & Demand) Domestic & Commercial			4.00							
16	(H5) All Other Public Service/Admissions/Amusement			2.00							
A)	TOTAL AMOUNT OF TAX DUE										
B)	PENALTY OF 5% FOR FIRST 30 DAYS DELINQUENCY AND 1% EACH SUCEEDING 30 DAYS										
C)	LESS CREDIT FROM A PREVIOUS PERIOD										
D)	ADD PREVIOUS BALANCE FROM PRIOR FILINGS										
E)	TOTAL REMITTANCE (Line A Plus Line B, Less Line C a	nd Plus Line D)									
	CONTRACTORS LIST JOBS / RENTERS LIST PROPERTIES	UNDER PENALTIES OF	PERJURY, I DECLARE TH	AT I HAVE E	EXAMINED THIS						
		RETURN (INCLUDING	ACCOMPANYING SCHE MY KNOWLEDGE AND E	DULES AND	STATEMENTS)						
		(Name of Taxpayer)									

(Official Title)

(Date)