

City of Richwood

6 White Avenue
Richwood, WV 26261
Phone: (304) 846-2596

Blank Quarterly Return - Business and Occupation Privilege Tax

THIS RETURN WITH PAYMENT TO COVER TAXES DUE MUST BE RECEIVED WITHIN 30 DAYS FROM END OF PERIOD COVERED THEREBY AND SIGNED BY TAXPAYER

In Business From _____ To _____

CHECK THE FOLLOWING:

Business name: _____

Mailing Address: _____

Business Location: _____

Phone: _____ FEIN: _____

Place where records are kept: _____

When did business begin? _____

If Business discontinued, give date: _____

If Business sold, give name and address of new owner: _____

Individual	
Corporation	
Partnership	
Association	
LLC	
LLP	
PLLC	

COMPUTATION OF TAX (ESTIMATED)

CODE	BUSINESS CLASSIFICATION	TAXABLE GROSS	RATE/ \$100	TAX DUE
1	Production: Coal		1.00	
2	Sand, Gravel or other Mineral Product (Not Mined or Quarried)		3.00	
3	Oil, Blast Furnace Slag		3.00	
4	Natural Gas in Excess of \$1,250		6.00	
5	Limestone, Sandstone (Quarried or Mined)		1.50	
6	Timber		1.50	
7	Other Natural Resources		1.50	
8	Manufactured, Compounded, Prepared for Sale		.30	
9	Retailers		.275	
10	Wholesalers		.15	
11	Public Service or Utility Business		.70	
12	Electric Railways		1.00	
13	Electric Power Companies (Sales for Domestic Purposes and Commercial Lighting)		4.00	
14	Water Companies		4.00	
15	Electric Power Companies (Sales for All Other Purposes)		3.00	
16	Natural Gas Companies, Toll Bridges		3.00	
17	All Other Public Service or Utility Business		2.00	
18	Contracting		2.00	
19	Amusement		.50	
20	Service and All Other Business		1.00	
21	Service Business or Calling		.10	
22	Rentals, Royalties or Fees		1.00	
23	Rentals, Royalties, Fees or Otherwise		1.00	
24	Banking or Other Financial Institutions		1.00	
25	Small Loans and Industrial Loan Business		1.00	
26	Generating or Producing Electrical Power		.30	
A) TOTAL AMOUNT OF TAX DUE				
B) 5% PENALTY FOR 1ST MONTH OR FRACTION OF DELINQUENCY AND 1% EACH SUCCEEDING MONTH OR FRACTION OF				
C) TOTAL REMITTANCE (Line A plus B)				

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

(Name of Taxpayer) _____ (Official Title) Date _____

Do you sell: _____ Retail _____ Wholesale _____ Manufacturing

Do you sell: _____ Retail _____ Wholesale _____ Manufacturing

If you check any of the above, do you sell for consumption on the premises: _____

Description of Business: _____

Ownership Type: _____ Proprietorship _____ Partnership _____ Corporation _____ Non-Profit

(Please include copy of the 501(C) (3)) _____ Other

List all principle officers, proprietors, partners or any individual owning 25% or more of the business:

Name: _____ Contact Phone: _____

Address: _____

Signature of Owner or Authorized Agent Title

Date