CITY OF RICHWOOD
6 White Ave
Richwood, West Virginia 26261
Telephone: (304) 846-2596 Fax: (304) 846-2580

Gary Johnson
Mayor

Jimmy Gladwell
Recorder

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 _____

Business name: _____

Mailing Address: _____

_____

Business Location: _____

Phone: _____ FEIN: _____

CHECK THE FOLLOWING:

Individual	
Corporation	
Partnership	
Association	
LLC	
LLP	
PLLC	

Place where records are kept: _____

When did business begin? _____

If Business discontinued, give date: _____

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

COMPUTATION OF TAX (**ESTIMATED**)

CODE	BUSINESS CLASSIFICATION	TAXABLE GROSS	RATE/ $100	TAX DUE
1	Production of 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 $5,000.00		6.00	
5	Limestone, Sandstone (Quarried or Mined)		1.50	
6	Timber		1.50	
7	Other Natural Resources		2.00	
8	Manufactured, Compounded. Prepared for Sale		.30	
9	Retailers		.25	
10	Wholesalers		.15	
11	Public Service or Utility Business		.70	
12	Electric Railways		1.00	
13	Electric Power Company Sales or Domestic Purposes and Commercial Lighting)		4.00	
14	Water Companies		4.00	
15	Electric Power Companies (Sales for API 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 Business, Calling, or All Other Business		1.00	
21	Maintenance		1.00	
22	Rentals, Royalties, Fee* or Otherwise		1.00	
23	Banking or Other Financial Institutions		1.00	
24	Small Loans and Industrial Loan Business		1.00	
25	Generating or Producing Electrical Power		.30	
A) TOTAL AMOUNT OF TAX DUE				
B) 5* PENALTY FOR FIRST MONTH, OR FRACTION, OF DELINQUENCY & 1% FOR EACH SUCEEDING 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.

_____ _____ Date _____

(Name of Taxpayer) (Official Title)

SUBMIT REMITTANCE TO: REVENUE DEPARTMENT CITY OF RICHWOOO 6 WHITE AVE., RICHWOOD, WV 26261