

CITY OF SAINT ALBANS, WEST VIRGINIA BUSINESS AND OCCUPATION TAX RETURN - ANNUALLY

FORM OF BUSINESS (CHECK)	
INDIVIDUAL	
CORPORATION	
PARTNERSHIP	
ASSOCIATION	
LLC	
LLP	
PLLC	

P. O. BOX 1488
ST. ALBANS, WV 25177

READ INSTRUCTIONS CAREFULLY

CHANGE NAME AND ADDRESS IF NOT CORRECT
Enter your Federal Identification number. If you have none, enter your social security number. This is a nine digit number.

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ALL QUESTIONS MUST BE ANSWERED

- (1) For Period _____
- (2) State EXACT date Business began _____
- (3) If fiscal year is used, when does year end? _____
- (4) During period covered by this return did you: (a) Quit Business YES NO
Exact Date _____, (b) Sell or otherwise dispose of your
Business? YES NO Exact Date _____, (c) If
Business was sold, give name and address of new owner _____
- (5) Where are your records kept? (st. address & city) _____
- (6) Principal place of Business in ST. ALBANS _____
- (7) Nature of Business _____
- (8) Other Business(es) in ST. ALBANS _____

SCHEDULE A

LINE	BUSINESS CLASSIFICATION	GROSS AMOUNT	TAXABLE INCOME	RATE PER \$100.00 COL. (5)	TAX
8	MANUFACTURED, COMPOUND OR PREPARED FOR SALE PRODUCTS 8.			.225	
9	SELLING TANGIBLE PROPERTY; RETAILERS 9.			.50	
10	WHOLESALERS 10.			.15	
11	ELECTRIC POWER COMPANIES (SALES & DEMAND CHARGES DOMESTIC PURPOSES & COMMERCIAL LIGHTING) 11.			4.00	
13	ELECTRIC POWER COMPANIES (SALES FOR ALL OTHER PURPOSES) 13.			3.00	
14	NATURAL GAS COMPANIES 14.			3.00	
17	CONTRACTING 17.			2.00	
18	AMUSEMENT 18.			.50	
19	SERVICES AND ALL OTHER BUSINESS 19.			1.00	
20	RENTALS, ROYALTIES OR FEES 20.			1.00	
21	BANKING AND OTHER FINANCIAL INSTITUTIONS 21.			1.00	

LINE CODE	EXEMPTIONS	DESCRIPTION	TAX
1		GROSS TAX (from schedule A)	\$
2		LESS EXEMPTION OF \$25 ANNUALLY; \$6.25 QTR.; \$2.08 MONTH; 7 CENTS PER DAY. NOTE: This Exemption is allowed only for the period ACTUALLY ENGAGED in business within the city limits.	
3		NET AMOUNT OF TAX (line 1 less line 2).	
4		ADD: Penalty of 5% for first month or fraction thereof, and 1% for each succeeding month or fraction thereof of delinquency.	
5		TOTAL TAX AND PENALTY DUE	

THIS RETURN WITH PAYMENT TO COVER TAX DUE MUST BE RECEIVED WITHIN ONE MONTH FROM END OF PERIOD COVERED.

SIGNATURE REQUIRED

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 SIGNATURE OF OFFICER TITLE

READ INSTRUCTIONS CAREFULLY

FAILURE TO COMPLETE THE WORKSHEET WILL RESULT IN THE TAX STATEMENT BEING RETURNED TO YOU AND AS A RESULT, PENALTY AND INTEREST MAY APPLY. IF YOU HAVE ANY QUESTIONS REGARDING ANY PORTION OF THIS RETURN, PLEASE CALL (304) 722-3391.