

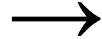


CITY OF CHARLESTON, WV BUSINESS AND OCCUPATION TAX RETURN

915 QUARRIER STREET, SUITE 4
CHARLESTON, WV 25301
Phone: (304)348-8024 Fax: (304)347-1810

THIS SECTION MUST BE COMPLETED

SEE REVERSE
FOR INSTRUCTIONS



ACCOUNT #: _____ TAX QUARTER: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE# _____

COMPUTATION OF QUARTERLY TAX

CLASS CODE	BUSINESS CLASSIFICATION	GROSS AMOUNT	EXEMPTION* <small>(see message below)</small>	RATE MULTIPLIER	TAX DUE
1	Value of Production of Natural Resources (1%)			0.01	
2	Manufacturing (3/10 of one percent)			0.003	
3	Retailers (1/2 of one percent)			0.005	
4	Wholesalers (15/100 of one percent)			0.0015	
5	Electric Power Companies (4%) <small>(sales & demand charges domestic purposes & commercial lighting)</small>			0.04	
6	Electric Power Companies (3%) <small>(all other sales & demand charges)</small>			0.03	
7	Natural Gas Companies (3%)			0.03	
8	Water Companies (4%)			0.04	
9	All Other Public Utilities (2%)			0.02	
10	Contracting (2%)	(BACK OF FORM MUST BE COMPLETED)		0.02	
11	Amusement (1/2 of one percent)			0.005	
12	Service & All Other Business (1%)			0.01	
13	Rents & Royalties (1%)			0.01	
14	Banking & Other Financial Institutions (1%)			0.01	
TOTAL TAX DUE					

* If you believe that your business may have an exemption please contact our office at (304)348-8024 for verification.

KIND OF BUSINESS _____

THIS RETURN WITH PAYMENT TO COVER TAX DUE MUST BE RECEIVED WITHIN ONE MONTH FROM END OF PERIOD COVERED. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

A SERVICE FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.

X _____
SIGNATURE OF TAXPAYER OR OFFICER

_____ TITLE OF OFFICER

SIGNATURE REQUIRED

OFFICE USE ONLY

