

THE CITY OF MORGANTOWN, WV
BUSINESS & OCCUPATION TAX RETURN (GROSS INCOME)

FINAL PAYMENT

REMIT TAX RETURN AND PAYMENT TO:
 FINANCE DEPARTMENT
 389 SPRUCE STREET
 MORGANTOWN, WV 26505

BY THE JOB

(CHECK ONE)

- INDIVIDUAL _____
 PARTNERSHIP _____
 CORPORATION _____
 OTHER _____
 SPECIFY _____

1. PHONE # _____

2. WHEN BUSINESS BEGAN _____

3. IF BUSINESS SOLD OR DISPOSED OF DURING THIS PERIOD
 WHEN _____
 TO WHOM _____
 ADDRESS _____

ITEM	GROSS TAXABLE INCOME	RATE PER \$100	TAX DUE	CREDITS	NET PAYABLE
A. MANUFACTURED PRODUCTS		\$ 0.30		n/a	
B. RETAILERS, RESTAURANTS, ETC.		\$ 0.45		n/a	
C. PUBLIC SERVICE OR UTILITY		\$ 3.00		n/a	
D. CONTRACTING		MUST COMPLETE SCHEDULE C ON BACK			
		\$ 2.00		n/a	
E. AMUSEMENTS		\$ 0.50		n/a	
F. RENTS, ROYALTIES, ETC.	TOTAL FROM SCHEDULE A ON BACK (INSERT BELOW)		MUST COMPLETE SCHEDULE A ON BACK		
		\$ 1.00		n/a	
G. SERVICE BUSINESS OR CALLING		\$ 0.90		n/a	
H. BANKING (COMPLETE ENCLOSED SCHEDULE B)		\$ 1.00		n/a	
I. WHOLESALERS AND JOBBERS		\$ 0.15		n/a	
OTHER. (SEE LIST BELOW) *					
SPECIFY					
TOTAL TAX COMPUTED					
PENALTY 5% FOR FIRST 30 DAYS DELINQUENT AND 1% FOR EACH ADDITIONAL 30 DAYS					\$
INTEREST AT THE RATE OF 8% PER ANNUM FROM DUE DATE OF RETURN					\$
PREVIOUS BALANCE OR OVERPAYMENT					
TOTAL AMOUNT DUE (MAKE CHECKS PAYABLE TO CITY OF MORGANTOWN)					

*OTHER CLASSIFICATIONS	RATE PER \$100	CREDITS	CREDIT CARD PAYMENTS		
ITEMS			(CIRCLE ONE) MASTER CARD OR VISA AMOUNT \$ _____		
			CARD # _____		
			CARD EXP. ____/____/____ SECURITY CODE FROM BACK ____-____-____		
J. HMO	\$ 0.50	\$ 3.44	SIGN NAME _____		
K. QUARRIED OR MINED PRODUCTS	\$ 0.30	\$ 2.00	PRINT NAME _____		
L. OIL, NATURAL GAS	\$ 0.30	\$ 15.00			
M. OTHER NATURAL RESOURCES	\$ 0.30	\$ 2.00			

DECLARATION

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT THIS RETURN (INCLUDING ANY ACCOMPANYING SCHEDULES) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT, AND COMPLETE RETURN OF THE BUSINESS TRANSACTED DURING THE PERIOD COVERED BY THIS RETURN.

DATE _____

SIGNATURE OF TAXPAYER _____

TITLE OF TAXPAYER _____

