THE CITY OF MORGANTOWN, WV

BUSINESS & OCCUPATION TAX RETURN (GROSS INCOME)

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

QUARTERLY

DUE DATE:

TIME PERIOD COVERS:

(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	CREDIT	NET PAYABLE
A. MANUFACTURED PRODUCTS		$ 0.30		$ 10.00	
B. RETAILERS, RESTAURANTS, ETC.		$ 0.45		$ 5.00	
C. PUBLIC SERVICE OR UTILITY		$ 3.00		$ 12.00	
D. CONTRACTING	TOTAL FROM SCHEDULE C ON BACK (INSERT BELOW)	MUST COMPLETE SCHEDULE C ON BACK			
		$ 2.00		$ 15.00	
E. AMUSEMENTS		$ 0.50		$ 1.25	
F. RENTS, ROYALTIES, ETC.	TOTAL FROM SCHEDULE A ON BACK (INSERT BELOW)	MUST COMPLETE SCHEDULE A ON BACK			
		$ 1.00		$ 4.69	
G. SERVICE BUSINESS OR CALLING		$ 0.90		$ 3.44	
H. BANKING (COMPLETE ENCLOSED SCHEDULE B)		$ 1.00		$ 0.50	
I. WHOLESALERS AND JOBBERS		$ 0.15		$ 0.50	
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
ITEMS		
J. HMO	$ 0.50	$ 3.44
K. QUARRIED OR MINED PRODUCTS	$ 0.30	$ 0.50
L. OIL, NATURAL GAS	$ 0.30	$ 3.75
M. OTHER NATURAL RESOURCES	$ 0.30	$ 0.50

CREDIT CARD PAYMENTS

(CIRCLE ONE) MASTER CARD OR VISA AMOUNT $_____

CARD #_____

CARD EXP._____/_____ SECURITY CODE FROM BACK _ _ _

SIGN NAME | PRINT NAME

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