

# TOWN OF GRANVILLE - QUARTERLY BUSINESS AND OCCUPATION TAX RETURN

PO BOX 119 GRANVILLE, WV 26534 \* Phone: 304-599-5080 Fax: 304-598-9634 \* gvrecorder@comcast.net

**Type of Business Check one**

- Individual
- Corporation
- Partnership
- Association
- LLC
- LLP
- PLLC

BUSINESS INFORMATION	
<b>BUSINESS NAME</b>	
<b>B&amp;O/BUSINESS LICENSE CONTACT PERSON</b>	
<b>B&amp;O/BUSINESS LICENSE MAILING ADDRESS</b>	
<b>EMAIL ADDRESS</b>	
<b>PHONE &amp; FAX #'S FOR B&amp;O/BUSINESS LICENSE CONTACT</b>	
<b>FEDERAL IDENTIFICATION # OR SS#</b>	
<b>DESCRIPTION /NATURE OF BUSINESS</b>	
<b>BUSINESS PHONE</b>	
<b>BUSINESS OWNER NAME</b>	
<b>WAS BUSINESS DISOLVED OR SOLD DURING THIS QUARTER? IF YES PROVIDE DATE OF SALE OR DISOLUTION</b>	
<b>IF YES PLEASE PROVIDE NAME, ADDRESS AND PHONE OF NEW OWNER HERE</b>	

<b>QUARTERLY RETURN DATES</b>		<b>TO</b>	
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**ADDRESS ENVELOPES ATTN: RECORDER**

Note: This return, with remittance to cover tax must be received by the Town within 30 days from the end of period to avoid penalty

Business Classification	Gross Income	Rate per \$100	Less Exemption	Net Tax Due
Manufacturer		.30	40.00	
Retailers, Restaurants		.50	40.00	
Wholesalers, jobbers		.15	2.00	
Contracting		2.00	5.00	
Amusements		.50	2.00	
Service business or calling		1.00	2.00	
Rentals, royalties, fees, or otherwise		1.00	2.00	
Banking and other financial institutions		1.00	2.00	

<p style="text-align: center;"><b>THIS RETURN WITH PAYMENT TO COVER TAX DUE MUST BE RECEIVED WITHIN ONE MONTH FROM END OF PERIOD COVERED.</b></p> <p style="text-align: center;"><b>SIGNATURE REQUIRED</b></p> <p style="text-align: center;"><b>UNDER PENALTIES OF PURJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLDEGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.</b></p>	<p style="text-align: center;">GROSS AMOUNT OF TAX</p> <hr/> <p style="text-align: center;">Less Exemption</p> <hr/> <p style="text-align: center;">NET AMOUNT OF TAX</p> <hr/> <p style="text-align: center;">ADD: Penalty of 5% for first month or fraction and 1% for each succeeding month or fraction thereof of delinquency</p> <hr/> <p style="text-align: center;"><b>TOTAL TAX AND PENALTY DUE</b></p>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">DATE</td> <td style="width: 40%; border-bottom: 1px solid black;">SIGNATURE OF TAXPAYER OR PREPARER</td> <td style="width: 30%; border-bottom: 1px solid black;">TITLE</td> </tr> </table>	DATE	SIGNATURE OF TAXPAYER OR PREPARER	TITLE	
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PLEASE SUBMIT COMMENTS OR QUESTIONS PERTAINING TO THIS RETURN BELOW:

ONLY ONE EXEMPTION PER CALENDAR YEAR