



VILLAGE OF BEECH BOTTOM

11 THIRD STREET
P. O. BOX 100
BEECH BOTTOM, WV 26030

Phone: 304-394-5545

Fax: 304-394-4772

email: village@bbwv.org

Business & Occupation Tax Estimate

QUARTER ENDING

BUSINESS INFORMATION

Business Name

FEIN/TIN

Date Business Opened

MAILING INFORMATION

Address Line 1

Address Line 2

City State Zip

Mailing Contact Name

Business Tax Classification (Choose all Applicable)

- | | |
|---|---|
| <input type="checkbox"/> 1: Production: Coal | <input type="checkbox"/> 10: Wholesalers |
| <input type="checkbox"/> 2: Mineral Products not Quarried (Sand/Gravel) | <input type="checkbox"/> 11: Electric Power Companies |
| <input type="checkbox"/> 3: Oil, Blast Furnace Slag | <input type="checkbox"/> 12: Natural Gas Co. |
| <input type="checkbox"/> 4: Natural Gas (> \$5,000) | <input type="checkbox"/> 13: Other Public Service or Utility Business |
| <input type="checkbox"/> 5: Limestone/Sandstone Quarried or Mined | <input type="checkbox"/> 14: Contracting Business |
| <input type="checkbox"/> 6: Timber | <input type="checkbox"/> 15: Amusement Business |
| <input type="checkbox"/> 7: Other Nat. Res. Prod. | <input type="checkbox"/> 16: Rentals, Royalty/Fee |
| <input type="checkbox"/> 8: Manufactured or prepared for sale | <input type="checkbox"/> 17: Banking and other financial institutions |
| <input type="checkbox"/> 9: Retail/Sale of tangibles | <input type="checkbox"/> 18: Services / all others |

Class Code	Taxable Amount	Rate Per 100	Tax Due
1		1.00	
2		3.00	
3		3.00	
4		6.00	
5		1.50	
6		1.50	
7		2.00	
8		0.30	
9		0.50	
10		0.15	
11		4.00	
12		3.00	
13		2.00	
14		2.00	
15		0.50	
16		1.00	
17		1.00	
18		1.00	
Gross Amount of tax due			
Claimed Credit (Ord 7 s. 15)			
Penalty (Ord 7 s. 35)			
Total Amount Due			
Amount Enclosed			

Add Penalty of 5% for First Month or Fraction Thereof And 1% For Each Succeeding Month Or Fraction Thereof Of Delinquency.

Please make a copy of this completed form for your files (if needed) before returning with payment to the Village.

BB Lic. #:

THIS RETURN WITH PAYMENT TO COVER TAX DUE MUST BE RECEIVED WITHIN ONE MONTH FROM END OF PERIOD COVERED THEREBY AND MUST BE SIGNED BY TAXPAYER

I CERTIFY THIS APPLICATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Printed Name _____ Signature _____

Title _____ Date _____

Make Checks Payable to: VILLAGE OF BEECH BOTTOM and mail to address at the top of the form

FOR OFFICE USE ONLY