



MAIL CORRESPONDENCE TO:
 City of Williamson
 PO Box 1517
 Williamson, WV 25661
 Phone: (304) 235-1510
 FAX: (304) 235-1516
 www.cityofwilliamson.org

CITY OF WILLIAMSON BUSINESS & OCCUPATION TAX RETURN

Please make checks payable to the City of Williamson

SECTION I: Business Changes

Please note any changes in your business:

- Business closed or sold. Please note date & new owner below.
- Business moved. Please note new address below.
- Address-Location ___ or Mailing ___ Please note new address(es) below.
- Phone - Please note new phone number below.
- Entity Change (i.e. Incorporated) - Please note type of change below.

Month Ended	ENTER YOUR FEDERAL IDENTIFICATION NUMBER OR IF YOU HAVE NONE ENTER SOCIAL SECURITY NUMBER.

SECTION II: Gross Receipts Tax

Tax Code No.	Tax Classification	Taxable Amount	Deductions	Tax Rate	Tax Due
110	Limestone or sandstone quarried or mined and timbered			.50	
111	Sand, gravel or other mineral product not quarried or mined			3.00	
112	Coal and other natural resource products			.50	
113	Gross sales value manufactured products			.30	
114	Gross income of retailers, restaurants, and others			.30	
115	Gross income of wholesalers			.15	
116	Electric light & power co. (sales & demand charges domestic purposes and commercial lighting)			4.00	
117	Electric light & power co. (all other sales and demand charges); Gas companies			3.00	
118	All other public utilities (except telegraph & telephone companies, railways & other transportation companies)			2.00	
119	Water and sewage companies			4.00	
120	Contracting business-gross income			2.00	
121	Industrial and small loan companies			1.00	
122	Amusement business-gross income (a) Theaters, sporting events, etc.			.50	
123	(b) Clubs, associations, etc.			.50	
124	(c) All others			.50	
125	Services & All other business-gross income			1.00	
126	Rents, royalties, etc.			1.00	

<p><u>Penalty Instructions</u></p> <p>ADD Penalty of 5% for first month or fraction thereof and 1% for each succeeding month or fraction thereof of delinquency.</p>	Tax Sub-Total	
	Penalty	
	Total Tax Due	

The undersigned taxpayer declares that they have read the foregoing return and certifies it to be correct.

Dated this _____ day of _____ Year _____

Name (please print): _____

Signature: _____

Title: _____ Phone: _____