



City of Welch
88 Howard St.
Welch, WV 24801
(304) 436-3113
Fax (304) 436-2546
www.cityofwelch.com

Business and Occupation Privilege Tax

Quarter Ending

PAYMENT MUST BE RECEIVED WITHIN 30
DAYS FROM THE END OF PERIOD COVERED
TO AVOID ENFORCEMENT OF LATE FEES

COMPUTATION OF TAX

DESCRIPTION	GROSS AMOUNT	EXEMPTIONS Detailed Schedule Must Accompany Return	TAXABLE AMOUNT	RATE PER \$100	TAX DUE
Severance, Extractions and Production of:					
A) Natural Gas in excess of 5,000				1.00	
B) Limestone or Sandstone				.85	
C) Natural Resources				1.00	
Value Manufactured Products				.25	
Retailers, Restaurants & Others				.21	
Wholesalers				.15	
Electric Light and Power Companies (sales and demand charges, domestic purposes and commercial lighting)				3.40	
Water Companies				2.52	
Power Companies				2.57	
Natural Gas Companies				3.00	
All Other Utilities				1.68	
Contracting Business				1.26	
Contracting Business per project over 100,000				2.00	
Amusement Business				.50	
Service or Calling & All Other Business				.76	
Rents, Individuals or Corporations				.76	
Loan Companies				.76	
Banking Institutions				.85	
Hotel Occupancy				6.00	
A MINIMUM TAX OF \$2.50 PER QUARTER IS REQUIRED					
PENALTIES (5% FOR FIRST 30 DAYS DELINQUENCY PLUS 1% FOR EACH SUCCEEDING 30 DAYS)					
TOTAL REMITTANCE ENCLOSED					

PLEASE RETURN ONE COPY WITH REMITTANCE AND MAINTAIN ONE COPY FOR YOUR RECORDS
THIS RETURN MUST BE VERIFIED BY OATH PRESCRIBED BELOW

I DO SOLEMNLY SWEAR THAT THE STATEMENTS AND ITEMS (BOTH AS TO DESIGNATIONS AND AMOUNTS) ENTERED IN THE FOREGOING ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT IN EACH AND EVERY PARTICULAR; THAT THE FIGURES THEREON REPORTED WERE TAKEN FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF THE TAXPAYER MAKING RETURN AND THAT THE PERSON SIGNING THE RETURN IS THOROUGHLY FAMILIAR WITH THE BUSINESS REPORTED IN THE RETURN AND THE ORIGINAL BOOKS, PAPERS AND RECORDS FROM WHICH THE RETURN WAS PREPARED; AND THAT IN REPORTING GROSS INCOME NO DEDUCTIONS WERE MADE ON ACCOUNT OF COST OR LABOR OR OTHER BUSINESS EXPENSES.

SWORN TO THIS _____ DAY OF _____ 20 _____

PHONE NUMBER _____

PERSON PREPARING RETURN _____

ADDRESS _____ CITY/STATE/ZIP _____