



**CITY OF DUNBAR**  
 Po Box 483, Dunbar, WV 25064-0483  
 Phone (304) 766-0218  
 Fax (304) 766-0233

**Account:**

**RETURN FOR  
 BUSINESS AND OCCUPATIONAL TAX**  
 Return and remit the amount of tax due within 30 days of the current quarterly period.

**QRTLTY RETURN FOR**

Name \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**THIS RETURN TO BE FORWARDED TO:**  
 City Clerk - Treasurer  
 PO BOX 483  
 DUNBAR, WV 25064-0483

**MAKE CHECKS PAYABLE TO:**  
 CITY OF DUNBAR

CODE	TYPE OF BUSINESS	GROSS SALES	TAXABLE AMOUNT	RATE	Taxes Due
01	(B) GROSS SALES MANUFACTURING PRODUCT			0.003000	
02	(C) RETAILERS			0.004000	
03	(C) WHOLESALERS			0.001500	
04	(D) POWER(DOMESTIC-COMMERCIAL)			0.040000	
05	(D) WATER COMPANIES			0.040000	
06	(D) POWER(ALL OTHER & DEMAND)			0.030000	
07	(D) NATURAL GAS			0.030000	
08	(D) CONTRACTING BUSINESS			0.020000	
09	(G) AMUSEMENT BUSINESS			0.005000	
10	(H) ALL OTHER BUSINESS			0.009000	
11	(I) RENT, ROYALTY, FEES, INT			0.010000	
12	(J) BANKING			0.010000	
13	(K) HOTEL			0.060000	

<b>SCHEDULE B:</b> EXEMPTIONS PREVIOUSLY AUTHORIZED BY CITY TREASURER IN ACCORDANCE WITH 729 15 OF CITY CODE	1. GROSS TAX SCHEDULE A	
	2. EXEMPTION SCHEDULE B(\$25.00 ANNUALY, \$6.25/QUARTERLY)	
	3. ADJUSTED TAX (LINE 1 LESS LINE 2)	
	4. ADD PENALTY (5% FIRST MONTH OR FRACTION, 1% FOR EACH MONTH OR FRACTION THEREAFTER)	
	5. ADD PREVIOUS BALANCE	
	<b>6. TOTAL TAX AND PENALTY DUE</b>	<b>0.00</b>
THIS RETURN WITH PAYMENT TO COVER TAX DUE MUST BE RECEIVED BY		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE.		

**ALL QUESTIONS MUST BE ANSWERED**

(1) For Period: \_\_\_\_\_ If business sold or New Owner: \_\_\_\_\_

(2) Date Business Started: \_\_\_\_\_ New Owner: \_\_\_\_\_

(3) If fiscal year is used, When Does it End: \_\_\_\_\_ Address: \_\_\_\_\_

(4) During period covered by Return: \_\_\_\_\_

(a) Quit  YES  NO Exact Date: \_\_\_\_\_ (5) From of Business: \_\_\_\_\_

(b) Sell or Otherwise dispose of Business:  YES  NO Exact Date: \_\_\_\_\_ (6) Type of Business: \_\_\_\_\_

**OWNER / OFFICE SIGNATURE AND TITLE**

**DATE**

MAKE COPIES FOR YOU RECORDS