

TOWN OF KIMBALL, WEST VIRGINIA

Business & Occupation Privilege Tax Return (Gross Receipts)

Adopted by Ordinance No. 25-10-01

THIS RETURN, ALONG WITH CHECK AND TAXES DUE, MUST BE RECEIVED WITHIN 30 DAYS OF THE END OF THE REPORTING PERIOD OR A PENALTY OF 5% WILL BE ASSESSED.

Payments may also be made online at kimball.wv.gov.

Business Name	Quarter Ending
Business Address	Federal EIN / SSN
Nature of Business	Books Kept At

Business Status & History

Business Start Date	Returns Filed in Prior Years? ☐ ☐
Business Sold, Closed, or Disposed This Period? ☐ ☐	If Yes, Date
Sold To (if applicable)	State of Incorporation
Incorporation Date	Authorized to Do Business in WV (if foreign)
Business Name Changed? ☐ ☐	New Business Name
Post Office Address (if different)	
If Partnership, List All Partners	

Gross Receipts by Business Classification

Category	Gross Receipts (\$)	Rate per \$100	Tax Due (\$)
A(1) Coal Production		1.00	
A(2) Sand, Gravel or Other Mineral Products		3.00	
A(3) Natural Gas (less \$2,500 annually)		6.00	
A(4) Limestone, Sandstone & Timber		1.50	
A(5) Other Natural Resource Products		1.00	
B Manufactured Products		0.30	
C(1) Retailers, Restaurants & Others		0.50	
C(2) Wholesalers		0.15	
D(1) Street, Interurban & Electric Railways		1.00	
D(2) Electric Light & Power Companies		4.00	
D(2a) Water Companies		4.00	
D(3) Natural Gas Companies; Toll Bridges		3.00	
D(4) All Other Public Utilities & Services		2.00	
E Contracting Business		2.00	
F Loan Companies		1.00	
G Amusement Business		0.50	
H Service & All Other Businesses		1.00	
I Rental Royalties, etc.		1.00	
J Motor Vehicle Carriers / Railroad Car / Express		1.00	
K Pipeline Corporations		1.50	
L Telephone Corporations		1.50	
M Telegraph Corporations		2.00	

Total Tax Due (Minimum \$5.00 per quarter)	
Payments Previously Made	
Total Amount Remitted	

NOTE: THIS FORM HAS A REQUIRED VERIFICATION PAGE ON THE BACK. PLEASE COMPLETE BOTH SIDES.

Verification by Oath or Affirmation

I hereby affirm that the information contained in this return is true and correct to the best of my knowledge and belief, and that all gross receipts have been reported without deduction for the cost of goods sold, labor, or other business expenses.

Signature of Taxpayer or Authorized Officer	Date
Printed Name and Title	
Sworn and subscribed before me this ____ day of _____, 20____	
Notary Public	My Commission Expires