

STATE OF WEST VIRGINIA
State Tax Department, Tax Account Administration Div
P.O. Box 425
Charleston, WV 25322-0425



 Name

 Address

 City State Zip

Account #: _____

WV/BOT-300
 ntL324 v.1-Web

**WEST VIRGINIA BUSINESS AND OCCUPATION TAX ESTIMATE
 FOR PUBLIC SERVICE OR UTILITY BUSINESS**

**NOTE: THIS FORM IS FOR QUARTERLY OR MONTHLY REPORTING ONLY.
 IT CANNOT BE USED AS AN ANNUAL OR FINAL RETURN.**

**THIS FORM MUST BE COMPLETED AND RETURNED EVEN THOUGH NO BUSINESS
 MAY HAVE BEEN TRANSACTED DURING THE PERIOD.**

Filing Period:	_____	thru	_____	Due Date:	_____	Amended:	<input type="checkbox"/>
Person to contact concerning this return:	Name:	_____	Phone:	_____	E-mail:	_____	
RATE CODE	BUSINESS CLASSIFICATION	TAXABLE AMOUNT	TAX RATE	TAX DUE BEFORE CREDITS			
1D	Water Companies	_____	4.40	_____			
2D	Natural Gas Companies/Toll Bridges	_____	4.29	_____			
3D	Other Public Service/Utility Business	_____	2.86	_____			
		1. Gross Tax		_____			
		2. Investment Credits		_____			
		3. Adjusted Tax (Line 1 minus Line 2)		_____			
		4. Exemption - \$41.67 Per Month/\$125.00 Quarterly		_____			
		5. Total Tax (Line 3 minus Line 4)		_____			

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, and complete.

(Signature of Taxpayer)	(Name of Taxpayer - Type or Print)	(Title)	(Date)
(Person to Contact Concerning this Return)		(Telephone Number/E-mail)	
(Signature of preparer other than taxpayer)	(Address)	(Date)	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P.O. Box 425, Charleston, WV 25322-0425
FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>



B 1 5 0 6 1 6 0 1 W

Please answer all questions:

1. If you purchased this business in the past twelve (12) months, give the previous owners full name and address:

2. During the period covered by this return, did you:

a. Cease Business? _____ Sell or otherwise dispose of your business? _____ Exact Date _____

b. If business was sold, give exact name and address of new owner _____

3. Address where your records are located _____

4. Principal place of business in West Virginia _____

5. Nature of business conducted. (Describe in Detail) _____

6. Give name and account number of any additional business(es) operated in West Virginia by the reporting taxpayer
