



Name _____
 Address _____
 City _____ State _____ Zip _____

Account #: _____

WEST VIRGINIA SPECIAL DISTRICT EXCISE RETURN
SOUTH CHARLESTON - PARK PLACE

rtL348V.2

Period Ending:	Due Date:	<input type="checkbox"/> Amended Return
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PART I: SPECIAL DISTRICT EXCISE TAX			
1. Total sales (do not include tax) (include both taxable and exempt sales)	1	.	.
2. Sales for which an exemption certificate and/or direct pay permit was received	2	.	.
3. Sales of food and food ingredients	3	.	.
4. Other deductions/exemptions (food stamps, prescription items, sales returns, allowances and bad debt, etc.)	4	.	.
5. Total deductions/exemptions (add lines 2 through 4)	5	.	.
6. Sales subject to tax (subtract line 5 from line 1)	6	.	.
	Tax Rate		Tax Due
7. Special District Excise Tax due (multiply line 6 by the tax rate)	0.06	7	.
8. South Charleston Municipal Sales Tax due (multiply line 6 by the tax rate)	0.01	8	.

PART II: TOTAL AMOUNT DUE			
9. Total tax due (line 7 + line 8)	9	.	.
10. Enter any tax collected in excess of line 9	10	.	.
11. Interest (when filed after due date)	11	.	.
12. Additions to tax (when filed after due date)	12	.	.
13. Total due (add lines 9 through 12)	13	.	.
14. Less prior payments	14	.	.
15. Total amount due (line 13 minus line 14)	15	.	.

PART III: SIGN YOUR RETURN			
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 Address)	
(Signature of preparer other than taxpayer)	(Address)	(Date)	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P.O. Box 1826
 Charleston, WV 25327-1826

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>



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