

# FRANCHISE TAX RETURN

500 Dupont Road, Westover, WV 26501  
Phone: 304-296-6860 | Fax: 304-296-6582

**EVEN IF NO TAX IS DUE:** Failure to remit may result in possible collections or legal action.

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_

FEIN#: \_\_\_\_\_

## COMPUTATION OF FRANCHISE FEES

Franchise Collections X Rate = Tax Due  
\$ \_\_\_\_\_ X 5% = \$ \_\_\_\_\_

## INDICATE QUARTER PAYING:

Year: \_\_\_\_\_

- 1st Quarter (July, Aug., Sept.)  
 2nd Quarter (Oct., Nov., Dec.)  
 3rd Quarter (Jan., Feb., Mar.)  
 4th Quarter (Apr., May, June)

## PENALTIES

Add penalty: **5% or \$10.00**, whichever is greater, for the first month late filing. \$ \_\_\_\_\_

Add penalty: **5% for each additional quarter late** on net amount of tax due. \$ \_\_\_\_\_

**TOTAL TAX, PENALTY, AND INTEREST DUE** \$ \_\_\_\_\_

## CERTIFICATION

Under penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Name & Title of Officer Executing Return: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_