

**FAILURE TO RETURN THIS FORM BY SEPTEMBER 1 WILL
RESULT IN A 10% INCREASE IN ASSESSMENT AND A
\$100.00 PENALTY (WV §11-3-12)**

1. Business Name & Location -- A physical address of the business not a PO BOX or mailing address.

Business Name: _____

Location: _____

2. Contact Person -- Name, address and phone number.

Name: _____

Address: _____

Phone: _____

3. Type of Business -- Be descriptive and precise (e.g. Automotive sales, Fast Food Restaurant, Attorney, etc.)

Type: _____

Federal Employers Identification Number: _____

4. *If out of business on July 1, 2017 make sure the following information is given.*

Was the business sold or closed ?

If business was **sold** include date of sale, **new owner** and their **address**.

Name: _____

Address: _____

Date of Sale: _____

Signature of Owner: _____

If business was closed, what became of the business assets?

Business assets were retained for personal use?

Sold to another business (list name & address) or discarded?

Business: _____

Address: _____

Acquisition Date: _____

Signature of Owner: _____

FAILURE TO REPORT THE CLOSURE OF THE BUSINESS WILL RESULT IN CONTINUED ASSESSMENT AS A "NONFILER".

- ❖ PLEASE DO NOT RETURN BLANK FORMS
- ❖ IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ASSESSOR'S OFFICE AT (304) 234-3626. PLEASE KEEP THIS FORM ATTACHED AND COMPLETE ALL INFORMATION.