

Public Utility Service Tax (Excise) Tax Return Form

Account No. FROM: _____ TO: _____	PLEASE ANSWER THE FOLLOWING QUESTIONS: 1. DO YOU WISH TO REMAIN IN OUR RECORDS? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. HAVE YOU QUIT BUSINESS DURING THIS PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. NAME AND ADDRESS OF NEW PROVIDER:	
FEDERAL ID #: _____ CONTACT PERSON: _____ MAIN PHONE #: _____ <input type="checkbox"/> CHECK TO INDICATE ADDRESS CHANGE OR CONTACT CHANGE & LIST BELOW _____ _____ _____ <p style="text-align: center;">RETURN TAX FORM AND PAYMENT TO: CITY OF BRIDGEPORT 515 W MAIN STREET PO BOX 1310 BRIDGEPORT, WV 26330</p>	<p><i>IMPOSITION AND AMOUNT OF TAX: TAX SHALL BE IN THE AMOUNT OF TWO PERCENT (2%) OF THE CHARGE, EXCLUSIVE OF ANY FEDERAL OR STATE TAX THEREON IMPOSED UPON THE PURCHASER, MADE BY THE SELLER AGAINST THE PURCHASER WITH RESPECT TO EACH PUBLIC UTILITY SERVICE, WHICH TAX IN EVERY CASE SHALL BE COLLECTED BY THE SELLER AND PAID BY THE PURCHASER UPON THE AMOUNT OF EACH PERIODIC STATEMENT RENDERED SUCH PURCHASER BY THE SELLER, AND SHALL BE PAID BY THE PURCHASER TO THE SELLER AT THE TIME THE PURCHASE PRICE OR SUCH CHARGE SHALL BECOME DUE AND PAYABLE UNDER THE AGREEMENT BETWEEN THE PURCHASER AND THE SELLER.</i></p> <p><i>EVERY SELLER, IN ACTING AS THE TAX COLLECTING MEDIUM FOR THE CITY SHALL COLLECT FROM EACH PURCHASER FOR THE USE OF THE CITY THE TAX HEREBY IMPOSED AND LEVIED AT THE TIME OF COLLECTING THE PURCHASE PRICE CHARGE FOR ITS PUBLIC UTILITY SERVICE; AND THE AMOUNT OF TAX ACTUALLY COLLECTED DURING EACH CALENDAR MONTH SHALL BE REPORTED BY EACH SELLER TO THE DIRECTOR OF FINANCE AND EACH SELLER SHALL REMIT THE AMOUNT OF TAX SHOWN BY SUCH REPORT TO HAVE BEEN COLLECTED.</i></p>	
COMPLETE THIS FORM IN ITS ENTIRETY - IF YOU DO NOT HAVE REPORTABLE TAX, REPORT \$0 TO AVOID DELINQUENT STATUS.		
GROSS CHARGES	EXCISE TAX RATE	TOTAL REMITTANCE
	2.0%	
<p style="text-align: center;">SIGNATURE REQUIRED</p> <p>UNDER PENALTY 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, CORRECT AND COMPLETE.</p> <p>AUTHORIZED SIGNATURE _____ DATE _____</p> <p>PHONE NUMBER: _____</p>		<p>FOR QUESTIONS OR COMMENTS YOU MAY CONTACT THE CITY'S TAX AND LICENSE DIVISION OF THE FINANCE DEPARTMENT AT (304) 842-8230 ~ 7:30 A.M. TO 4:00 P.M. MON - FRIDAY OR YOU CAN VISIT OUR WEBSITE AT WWW.BRIDGEPORTWV.COM.</p>