

# Town of Lovettsville

## CALENDAR YEAR 2008 BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE TAX ASSESSMENT FORM FOR OUT OF TOWN CONTRACTORS DOING BUSINESS IN LOVETTSVILLE, VA

	BUSINESS NAME
	OWNER
	MAILING ADDRESS
	CITY, STATE, ZIP

### BUSINESS INFORMATION

BUSINESS PHONE NUMBER	
SSN OR FEDERAL EMPLOYEE IDENTIFICATION NUMBER	
CONTRACTOR'S LICENSE NUMBER	
BUSINESS LOCATION ( <i>Street Address</i> )	
( <i>City, State, Zip</i> )	
CLIENT DESCRIPTION	COMMERCIAL / RESIDENTIAL / BOTH / OTHER
PLEASE PROVIDE A BRIEF DESCRIPTION OF BUSINESS ACTIVITIES AT THIS LOCATION.	
PLEASE IDENTIFY ANY AFFILIATE COMPANIES, THEIR BUSINESS RELATIONSHIPS AND LOCATIONS.	

### STATEMENT OF GROSS RECEIPTS

TOTAL GROSS RECEIPTS FOR CALENDAR YEAR 2007 ( <i>If new business enter estimated gross receipts</i> )	\$ _____
PERCENTAGE OF GROSS RECEIPTS ATTRIBUTABLE TO BUSINESS IN LOVETTSVILLE	_____ %
AMOUNT OF GROSS RECEIPTS ATTRIBUTABLE TO BUSINESS IN LOVETTSVILLE	\$ _____

### TAX COMPUTATION

<b>GROSS RECEIPTS</b>	<b>BUSINESS LICENSE TAX</b>
\$0.00 - \$25,000.00	\$0.00 ( <i>SIGN ATTESTATION STATEMENT BELOW</i> )
\$25,000.00 AND OVER	\$37.50 + \$0.15 PER \$100 OF GROSS RECEIPTS OVER \$25,000.00
<b>TOTAL CONTRACTOR LICENSE TAX DUE: \$ _____</b>	

### DECLARATION

<input type="checkbox"/> I DECLARE THAT THE STATEMENTS AND FIGURES GIVEN ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
<b>OR</b>	
<input type="checkbox"/> ( <b>ATTESTATION</b> ) I CERTIFY THAT THIS BUSINESS IS PHYSICALLY LOCATED OUTSIDE THE LOVETTSVILLE TOWN LIMITS AND THAT GROSS RECEIPTS EARNED FROM BUSINESS ACTIVITY WITHIN THE TOWN LIMITS IN 2007 WERE LESS THAN \$25,000.00.	
_____ <b>SIGNATURE CEO/PARTNER/OWNER/OFFICER</b>	_____ <b>DATE</b>

**BY MARCH 1, 2008 RETURN THIS FORM AND CHECK PAYABLE TO:**

TOWN OF LOVETTSVILLE  
 ATTN: TREASURER  
 PO Box 209  
 LOVETTSVILLE, VA 20180-0209

#### FOR OFFICE USE ONLY

DATE PAID	
AMOUNT	
LICENSE PROCESSED	
INITIALS	