

**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, 2025 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.