STATE OF WEST VIRGINIA State Tax Department, Tax Account Administration Div P.O. Box 773 Charleston, WV 25323-0773



Name			
Address		Account #	<u>4:</u>
City	State Zip		
	OVIDERS OF HEALTH	E AND BUSINESS PRIVILE H CARE ITEMS AND SER	VICES
2 2	•	x.gov for additional information	
Period Ending:	Due Date:	Extension Date:	
Method of Accounting (Check One) ACCRUAL	CASH [FINAL	AMENDED
	COMPUTAT	TION OF TAX	
Total Gross Proceeds			
2. Bad Debt Deductions			
3. Contractual Allowances			
4. Taxable Total Gross Proceeds (Line 1 minus Lines 2 and 3)			
5. Tax Rate			0.05
6. Tax Due (Multiply Line 4 by Line 5)			
7. Annual Credit - \$500.00 Per Year or \$41.67 Per Month for each Month Subject to this Tax			
8. Adjusted Tax Due (Line 6 minus L	ine 7)		
9. Total Estimated Payments for the Period Covered by this Return			
10. Credit for Overpayment from Prior Year Annual Return			-
11. Total Payments / Credits (Add Lines 9 and 10)			
12. Total Tax Due (Line 8 minus Line 11)			
13. Overpayment Amount (Line 11 minus Line 8) If Line 8 is greater than Line 11, enter 0			
14. Amount of Line 13 to be Credited to Next Year's Tax			
15. Amount of Line 13 to be Refunded	(Line 13 minus Line 14)		
Under penalties of perjury, I declare that I best of my knowledge and belief it is true,		g accompanying schedules and statements) a	and to the
(Signature of Taxpayer)	(Name of Taxpayer - Type or Print)	(Title)	(Date)
(Person to Contact Concerning this Return) (Telephone Number)			
(Signature of preparer other than taxpayer) (Address) (Date)			

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT

Tax Account Administration Div

P.O. Box 773, Charleston, WV 25323-0773

FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297

For more information visit our web site at: www.wvtax.gov

File online at https://mytaxes.wvtax.gov

