



CALENDAR YEAR 2019

BUSINESS LOCATED IN THE TOWN OF LOVETTSVILLE, VA  
 BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE TAX ASSESSMENT FORM

PLEASE REVIEW THE INFORMATION IN THE SHADED AREAS BELOW AND UPDATE/COMPLETE AS NECESSARY.

OWNER'S NAME	
BUSINESS NAME	
MAILING ADDRESS	
CITY, STATE, ZIP	

**BUSINESS INFORMATION**

BUSINESS PHONE NUMBER	
EMAIL ADDRESS	
SSN OR FEDERAL EMPLOYER IDENTIFICATION NUMBER	
BUSINESS LOCATION – PHYSICAL ADDRESS	
NUMBER OF EMPLOYEES AT THIS LOCATION	
DESCRIPTION OF BUSINESS ACTIVITIES AT THIS LOCATION	

**STATEMENT OF GROSS RECEIPTS AND TAX COMPUTATION**

**VERIFICATION OF GROSS RECEIPTS: a copy of your Schedule C or appropriate Federal tax filing documentation must be submitted with this application.**

ROW	CALCULATION	Receipts	Tax Due
A	TOTAL GROSS RECEIPTS FOR CALENDAR YEAR 2018 <i>(If this is a new business, enter estimated gross receipts for 2019)</i>	\$ _____	<b>\$30.00</b>
B	SUBTRACT \$20,000 FROM ROW A	-\$20,000	
C	ADJUSTED GROSS RECEIPTS	\$ _____	
	IF ROW C IS ZERO OR LESS GO TO ROW E, OTHERWISE CALCULATE ADDITIONAL LICENSE TAX ON ROWS D		
D	MULTIPLY ROW C BY 0.0017 (\$0.17/\$100)	\$ _____	
E	TOTAL LICENSE TAX DUE <b>BEFORE MAY 1, 2019</b> ( \$30 FROM ROW A + AMOUNT FROM ROW D)		\$ _____
F	AMOUNT DUE <b>AFTER MAY 1, 2019</b> (ROW E +10% LATE FEE)		\$ _____

**DECLARATION**

I DECLARE THAT THE STATEMENTS AND FIGURES GIVEN ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
 SIGNATURE CEO/PARTNER/OWNER/OFFICER

\_\_\_\_\_  
 DATE

APPLICATION AND PAYMENT DUE BY **MAY 1, 2019**.  
 MAKE CHECK PAYABLE TO TOWN OF LOVETTSVILLE.

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

**FOR OFFICE USE ONLY**

2018 LICENSE	
2019 LICENSE	
DATE RECEIVED	
AMOUNT	
DATE ISSUED	
INITIALS	