



CALENDAR YEAR 2020

**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 |  |

**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 2019<br><i>(If this is a new business, enter estimated gross receipts for 2020)</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<br>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, 2020</b><br>(\$30 FROM ROW A + AMOUNT FROM ROW D)                                   |           | \$ _____       |
| F   | AMOUNT DUE <b>AFTER MAY 1, 2020</b><br>(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. |               |
| _____<br>SIGNATURE CEO/PARTNER/OWNER/OFFICER   | _____<br>DATE |

APPLICATION AND PAYMENT DUE BY **MAY 1, 2020**.  
 MAKE CHECK PAYABLE TO TOWN OF LOVETTSVILLE.

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

**FOR OFFICE USE ONLY**

|               |  |
|---------------|--|
| 2019 LICENSE  |  |
| 2020 LICENSE  |  |
| DATE RECEIVED |  |
| AMOUNT        |  |
| DATE ISSUED   |  |
| INITIALS      |  |