

FREDERICK COUNTY, VIRGINIA Commissioner of the Revenue

For questions: email Amber Lucht at amber.lucht@fcva.us or Phone: 540-722-8339 / Fax: 540-667-6487

www.fcva.us/cor

NATURAL GAS UTILITY & CONSUMPTION TAX REMITTANCE

| ** OFFICE USE ONLY ** | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|
| Date Received:Penalty: Y N | | | | | | | |
| Check No.: Amount Difference: | | | | | | | |
| Penalty: Y N Initials: | | | | | | | |

| Legal | Name of Business: | | | | | | |
|---|---|---|---|---|--|---|--|
| Т | rade Name (if any): | | | | | | |
| | Mailing Address: | | | | | | |
| Business (| Physical) Address: | | | | | | |
| Business Phone: | | | | Fa | Fax: | | |
| Contact Person: | | | | Cont | Contact Phone No.: | | |
| Email Address: | | | | • | Federal EIN / SSN: | | |
| distribution com to whom it deliv Treasurer in acc such provider u | panies and gas utilities cla ers natural gas and shall r cordance with §§ 58.1-38 ntil remitted to COR. Such | assified by "class of col eport the same to the C 14 and 58.1-2901 of the remittance shall be do | Code: A monthly tax is imposed insumer." The service provider stommissioner of the Revenue (Coe Code of Virginia. Any tax paid ne before the last day of the caler 2904 et seq. for additional rate and code. | nall bill the natura OR) on a monthly by the consumer adar month followi | gas consumer tax to all users basis. Such taxes shall be paid to the service provider shall be ng the month the tax was receiv | who are subject to the tax and d by the service provider to the deemed to be held in trust by | |
| Month and | Year Tax Was Coll | | | | | | |
| | | * * * N A 7 | TURAL GAS UTI | LITY TA | X * * * | | |
| RESIDENTIAL RATE: 0.04 times any nonmetered charges plus the rate of \$0.055 on each CCF delivered, not to exceed \$3/month (Tier 1) NON-RESIDENTIAL RATE: For commercial / industrial = 0.04 times any nonmetered charges plus the rate of \$0.04 on the first 1,000 CCFs delivered monthly (Tier 1), plus \$0.033 for the next 29,000 CCFs (Tier 2), and \$0.025 for all CCFs over 30,000 (Tier 3). For apartment house or other multi-family dwellings using gas service through a master meter = \$3 x number of dwelling units served (Tier 1) LIMIT: Tax shall not be imposed at a rate in excess of 20 percent of the monthly amount charged to consumers of the utility service and shall not be applicable to any amount so charged in excess of \$15 per month for residential customers. See VA Code. | | | | | | | |
| | | | RESIDENTIAL | Сомме | RCIAL/NON-RESIDENTIAL | TOTAL | |
| | Total Minimur | n Tax Charges: | | | | | |
| TIER 1 | Total CCFs Subject to Tax: | | | | | | |
| | Total Tax per CCF: | | | | | | |
| TIER 2 | Total CCFs | Subject to Tax: | | | | | |
| | Tota | al Tax per CCF: | | | | | |
| TIER 3 | Total CCFs | Subject to Tax: | | | | | |
| TILICO . | Total Tax per CCF: | | | | | | |
| DEDUCTIONS (itemize or attach a list): | | | | | | | |
| Additions (itemize or attach a list): | | | | | | | |
| | | | | | | | |
| | | Total Tax Due: | | | | | |
| | | | CAL CONSUMP | TION TA | X * * * | | |
| RATE: \$0.004 per CCF on all natural gas consumed per month not in excess of 500 CCFs | | | | | | | |
| Tax Amount: | | | | | | | |
| DEDUCTIONS (itemize or attach | | a list): | | | | | |
| | | | | | | | |
| Additions (itemize or attach a list): | | n a list): | | | | | |
| | | | Tot | al Tax Due: | | | |
| | | | CERTIFICATION | | | | |
| The owner must sign and date this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign. It is a misdemeanor for any person to willfully subscribe a return which is not believed to be true & correct as to every material matter. (Code Va. Sec. 58.1-11) I declare, under penalty of perjury, (1) that the foregoing information is complete, true, and correct to the best of my knowledge and belief, and (2) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign. Authorized Signature Print Name Title/Signing Capacity (e.g. Vice-President) Date | | | | | | | |
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