



# STREET MAINTENANCE CHARGE REMITTANCE FORM

**CITY OF FAIRMONT**  
 200 Jackson Street, Room 301  
 Fairmont, WV 26554  
 Phone: 304-366-6211 Fax: 304-366-0228  
 www.fairmontwv.gov

**Mail To:**  
 City of Fairmont, P O Box 1428, Fairmont, WV 26555-1428

Account Number:

Date:

Street Maintenance Charge for quarter ending:

Business/Entity Name:

Business/Entity Address:

Business/Entity Phone:

Physical Location of Business/Entity in  
 Fairmont (if different from address above):

**Type of Business/Entity:**

<input type="checkbox"/> Corporation for Profit	<input type="checkbox"/> Corporation Not for Profit
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Charitable Organization	<input type="checkbox"/> Tax Exempt Organization
<input type="checkbox"/> Governmental Agency	<input type="checkbox"/> Other (Explain below)

See instructions on reverse side of this form ►

**STREET MAINTENANCE CHARGE REMITTANCE:**

Total Employees in Fairmont in this reporting period:	<input type="text"/>
Add: Number of Self-Employed in Fairmont in this reporting period:	<input type="text"/>
Less: Number of Employees working two jobs in the City(SMC-04 on file)	<input type="text"/>
Less: Number of Employees exempted (SMC-05 on file)	<input type="text"/>
Number of Non-Resident Workers in Fairmont in this reporting period:	<input type="text"/>

**AMOUNT REMITTED**  
 \$

Street Maintenance Charge Required to be Remitted This Period:

UNDER PENALTY OF PERJURY, I CERTIFY THAT I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, ACCURATE AND COMPLETE. I HAVE ATTACHED THE WORKSHEET (FORM SMC-02) THAT CORRESPONDS TO THIS RETURN AND OTHER SUPPORTING DOCUMENTS, ARE AVAILABLE FOR AUDIT.

TYPE OR PRINT NAME AND TITLE OF PREPARER:	
E-MAIL CONTACT FOR ENTITY:	
SIGNATURE OF PREPARER:	DATE: