



MONONGALIA COUNTY
Office of County Assessor
Transient Vendor Form

THIS RETURN IS TO BE FILED AS SOON AS POSSIBLE AFTER
JULY 1, BUT NO LATER THAN SEPTEMBER 1. FILING
LATE OR FAILURE TO FILE MAY RESULT IN A FEE.

BUSINESS NAME AND MAILING ADDRESS

Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone (_____) _____ Ext. _____

AGENT OR PREPARER'S NAME AND ADDRESS

Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone (_____) _____ Ext. _____

INVENTORY, CONSIGNED INVENTORY, PARTS, AND SUPPLIES

DESCRIPTION	ADDRESS OF CONSIGNORS/ FURTHER DESCRIPTION	ACQUISITION COST	OWNER'S VALUE	ASSESSOR'S USE
COST OF INVENTORY AS OF JULY 1				
INVENTORIES CONSIGNEED TO YOU				
PARTS HELD FOR OWNER'S USE				
SUPPLIES HELD FOR OWNER'S USE				
	TOTALS			

OTHER REQUIRED INFORMATION

Type of Business Entity (check one): Corporation Partnership Sole Proprietor Other _____

Description of Business Activity _____

Federal Employer Identification Number (FEIN) _____ Business Registration Account ID _____

North American Industry Classification System Code (NAICS), if known _____

I, _____, (president treasurer, manager, owner, or other) _____ of _____, do
affirm that the information on this return, to the best of my knowledge and judgment, is true in all respects; that it contains a statement of all the real estate and personal
property, including credits and investments belonging to the business; that the value affixed to such property is, in my opinion, its true and actual value, by which I mean
the price at which it would sell if voluntarily offered for sale on such terms as are usually employed in selling such property, and not the price which might be realized at a
forced or auction sale; and said business has not, to my knowledge, during the sixty-day period immediately prior to the first day of the assessment year converted any of
its assets into nontaxable securities or notes or other evidence of indebtedness for the purpose of evading the assessment of taxes thereon.

Signed _____ Title _____ Date ____/____/____