



\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Account #: \_\_\_\_\_

WV/TPT-722  
r1L194 v.9

**WEST VIRGINIA APPLICATION FOR REFUND/CREDIT OF TOBACCO TAX**

<b>SECTION 1 - CIGARETTE</b>				
<b>REASON</b> (Attach Affidavit for Lines 1, 2, 5, & 6)	<b>QUANTITY</b>	<b>TAX RATE</b>	<b>DATE (MM/DD/YYYY)</b>	<b>AMOUNT</b>
1. Cigarette Packages of 20 Returned to Manufacturer with WV Stamps Affixed		1.2000		.
2. Cigarette Packages of 25 Returned to Manufacturer with WV Stamps Affixed		1.5000		.
3. Stamps Returned to Commissioner (20's)		1.2000		.
4. Stamps Returned to Commissioner (25's)		1.5000		.
5. Certified Loss (20's)		1.2000		.
6. Certified Loss (25's)		1.5000		.
<b>SECTION 2 - REFUND/CREDIT CALCULATION</b>				
		<b>DISCOUNT</b>		<b>AMOUNT</b>
7. Total Amount of Line(s) 1 through 6				.
8. Less STATUTORY DEDUCTION (WV Code 11-17: Line 7 multiplied by discount rate)		0.0500		.
9. Less DEALER'S DISCOUNT (Line 7 multiplied by discount rate)		0.0400		.
10. For REFUND, enter Line 7 minus the sum of Line 8 and Line 9, else enter 0				.
11. For CREDIT, enter Line 7 minus the sum of Line 8 and Line 9, else enter 0				.

<b>Sign Your Return</b>			
Under penalties of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true and complete.			
(Signature of Taxpayer)	(Name of Taxpayer - Type or Print)	(Title)	(Date)
(Person to Contact Concerning this Return)	(Telephone Number)	(E-mail Address)	
(Signature of preparer other than taxpayer)	(Address)	(Date)	

**MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT**  
Tax Account Administration Div  
P.O. Box 2991, Charleston, WV 25330-2991  
**FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297**  
For more information visit our web site at: [www.tax.wv.gov](http://www.tax.wv.gov)  
File online at <https://mytaxes.wvtax.gov>



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