



 Name

 Address

 City State Zip

Account #: _____

WV/MFT-511
 r1L307 v.4

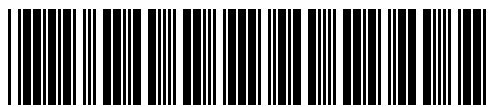
WEST VIRGINIA MOTOR FUEL EXPORTER REPORT

This report and all required schedules must be completed and filed by the due date regardless of activity.

| Period Ending: | Due Date: | FINAL <input type="checkbox"/> | AMENDED <input type="checkbox"/> | NO ACTIVITY <input type="checkbox"/> |
|--|----------------------|--------------------------------|----------------------------------|--------------------------------------|
| SECTION 1 - REFUND CALCULATION | | | | |
| Report in whole gallons | Gasoline | Gasohol | Undyed Diesel/Kerosene | Compressed Natural Gas |
| 1. Gallons Exported WV Tax Paid (Sch 7B) | .00 | .00 | .00 | .00 |
| 2. Diversions from WV in Gallons (Sch 11A) | .00 | .00 | .00 | .00 |
| 3. Gallons to be Refunded (Line 1 plus Line 2) | .00 | .00 | .00 | .00 |
| 4. Tax Rate | 0.3220 | 0.3220 | 0.3220 | 0.2360 |
| 5. Amount To Be Refunded (Line 3 times Line 4) | . | . | . | . |
| Report in whole gallons | Dyed Diesel/Kerosene | Propane/LPG | Aviation Fuel | LNG/Other |
| 6. Gallons Exported Tax Paid at Variable Rate (Sch 7B) | .00 | .00 | .00 | .00 |
| 7. Diversions from WV in Gallons (Sch 11A) | .00 | .00 | .00 | .00 |
| 8. Gallons to be Refunded (Line 6 plus Line 7) | .00 | .00 | .00 | .00 |
| 9. Tax Rate | 0.1170 | 0.0490 | 0.1170 | *Enter tax rate |
| 10. Amount to be Refunded (Line 8 times Line 9) | . | . | . | . |
| 11. Total Refund Due (Add all columns Line 5 and Line 10) | | | | . |
| 12. Less Discount (Multiply Line 11 x .0075) | | | | . |
| 13. Grand Total Refund Due (Subtract Line 12 from Line 11) Enter on Section 2 Line 2 | | | | . |
| SECTION 2 - REFUND/TAX SUMMARY | | | | |
| 1. Total Amount of Tax Due (Section 3 Line 7) | | | | . |
| 2. Grand Total Refund Due (Section 1 Line 13) | | | | . |
| 3. Balance of Tax Due (Line 1 minus Line 2) If Line 2 is greater than Line 1, enter 0 | | | | . |
| 4. Overpayment Amount (Line 2 minus Line 1) If Line 1 is greater than Line 2, enter 0 | | | | . |
| 5. REFUND (To obtain a refund, enter the total from Line 4) | | | | . |
| 6. CREDIT (To take credit on the next monthly return, enter the total from Line 4) | | | | . |
| 7. CREDIT (Transfer to <input type="checkbox"/> Importer <input type="checkbox"/> Supplier return) | | Period Ended: _____ (MM/YY) | | |

*Tax rate can be found at www.tax.wv.gov

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
 File online at <https://mytaxes.wvtax.gov>



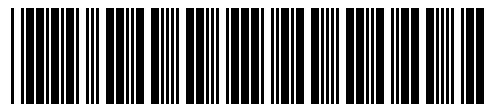
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WEST VIRGINIA MOTOR FUEL EXPORTER REPORT

| SECTION 3 - TAX DUE CALCULATION | | | | |
|---|----------------------|-------------|------------------------|------------------------|
| Report in whole gallons | Gasoline | Gasohol | Undyed Diesel/Kerosene | Compressed Natural Gas |
| 1. Gallons Diverted into West Virginia (Sch 11) | .00 | .00 | .00 | .00 |
| 2. Tax Rate | 0.3220 | 0.3220 | 0.3220 | 0.2360 |
| 3. Tax Due (Line 1 times Line 2) | . | . | . | . |
| Report in whole gallons | Dyed Diesel/Kerosene | Propane/LPG | Aviation Fuel | LNG/Other |
| 4. Gallons Diverted into WV at Variable Rate (Sch 11) | .00 | .00 | .00 | .00 |
| 5. Tax Rate | 0.1170 | 0.0490 | 0.1170 | *Enter tax rate |
| 6. Tax Due (Line 4 times Line 5) | . | . | . | . |
| 7. Total Tax Due (Add all columns in Section 3 Line 3 and Line 6) | | | | . |

*Tax rate can be found at www.tax.wv.gov

| Check if applicable: <input type="checkbox"/> Schedule 7A / 7B Attached | | | |
|--|------------------------------------|-----------------|--------|
| Sign your return | | | |
| 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) | (Email Address) | |
| (Signature of preparer other than taxpayer) | (Address) | (Date) | |



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