

Name			Account #:
Address			
City	State	Zip	

WV/MFT-511 rtL330 v.2

## WEST VIRGINIA MOTOR FUEL EXPORTER REPORT

Period Ending:	Due Date:	FINAL	AMENDED	NO ACTIVITY
	SECTIO	N 1 - REFUND CALCU	LATION	
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	0.3570	0.3570	0.3570	0.2480
5. Amount To Be Refunded (Line 3 times Line 4)	•	•	•	•
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Gas	LNG/Other
6. Gallons Exported Tax Paid at Variable Rate (Sch 7B)	• 00	• 00	• 00	• 00
			Aviation Jet	
			. 00	
7. Diversions from WV in Gallons (Sch 11A)			Aviation Gas	
	• 00	• 00	• 00	• 00
			Aviation Jet	
			• 00	
8. Gallons to be Refunded (Line 6 plus Line 7)	00	.00	00	.00
		-		*Enter tax rate
9. Tax Rate	0.1520	0.0450	0.1520	•
10. Amount to be Refunded (Line 8 times Line 9)	•	•	•	•
11. Total Refund Due (Add all co	lumns Line 5 and Line 10)			
12. Less Discount (Multiply Line 11 x .0075)				•
13. Grand Total Refund Due (Su	btract Line 12 from Line 11) Enter	on Section 2 Line 2		•

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

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT Tax Account Administration P.O. Box 1682 , Charleston, WV 25326-1682 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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Account #: \_\_\_\_\_

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

	SECTION	N 2 - REFUND/TAX SU	MMARY		
1. Total Amount of Tax Due (Se	ection 3 Line 7)				
2. Grand Total Refund Due (Sec	tion 1 Line 13)				<u> </u>
3. Balance of Tax Due (Line 1 minus Line 2) If Line 2 is greater than Line 1, enter 0					<u> </u>
4. Overpayment Amount (Line 2	2 minus Line 1) If Line 1 is greater th	han Line 2, enter 0			<u> </u>
5. REFUND (To obtain a refund	, enter the total from Line 4)				•
6. CREDIT (To take credit on th	e next monthly return, enter the total	l from Line 4)			•
7. CREDIT (Transfer to	Importer Supplier return)	Period Ended:(MM/YY)			•
	SECTION	<b>3 - TAX DUE CALCU</b>	LATION		
Report in whole gallons	Gasoline	Gasohol	Undyed Diesel/Ko	erosene	Compressed Natural Gas
1. Gallons Diverted into West Virginia (Sch 11)	.00	.00		• 00	.00
2. Tax Rate	0.3570	0.3570		0.3570	
3. Tax Due (Line 1 times Line 2)	•			•	•
Denent in subale callens	Dyed Diesel/Kerosene	Propane/LPG	Aviation Gas		LNG/Other
Report in whole gallons	Dyed Diesel/Kerosene	riopane/LrG	Aviation Ga	as	
	. 00	· <sup>00</sup>		• <sup>00</sup>	.00
4. Gallons Diverted into WV at Variable Rate (Sch 11)		-	Aviation Ga	• 00	
✓ Gallons Diverted into WV		-		• 00	
4. Gallons Diverted into WV at Variable Rate (Sch 11)		-		_00 et	
<ul> <li>4. Gallons Diverted into WV</li> <li>at Variable Rate (Sch 11)</li> <li>5. Tax Rate</li> </ul>		-		_00 et	. 00
4. Gallons Diverted into WV at Variable Rate (Sch 11)		_ 00		.00 et .00	_ 00
<ul> <li>4. Gallons Diverted into WV at Variable Rate (Sch 11)</li> <li>5. Tax Rate</li> <li>6. Tax Due</li> <li>6. (Line 4 times Line 5)</li> </ul>		_ 00		.00 et .00	_ 00
<ul> <li>4. Gallons Diverted into WV at Variable Rate (Sch 11)</li> <li>5. Tax Rate</li> <li>6. Tax Due</li> <li>6. (Line 4 times Line 5)</li> </ul>	00 0.1520 uns in Section 3 Line 3 and Line 6)	_ 00		.00 et .00	_ 00
<ul> <li>4. Gallons Diverted into WV at Variable Rate (Sch 11)</li> <li>5. Tax Rate</li> <li>6. Tax Due (Line 4 times Line 5)</li> <li>7. Total Tax Due (Add all columnation)</li> </ul>	00 0.1520 uns in Section 3 Line 3 and Line 6)	00 0.0450		.00 et .00	_ 00
<ul> <li>4. Gallons Diverted into WV at Variable Rate (Sch 11)</li> <li>5. Tax Rate</li> <li>6. Tax Due (Line 4 times Line 5)</li> <li>7. Total Tax Due (Add all colum *Tax rate can be found at www.</li> </ul>	00 0.1520 0.1520 uns in Section 3 Line 3 and Line 6) tax.wv.gov Schedule 7A / 7B Attached	00 0.0450		.00 et .00	_ 00

(Signature of Taxpayer)

(Person to Contact Concerning this Return)

(Telephone Number)

(Name of Taxpayer - Type or Print)

(Address)

(Signature of preparer other than taxpayer)

(Title)

(Email Address)

(Date)

(Date)

