STATE OF WEST VIRGINIA State Tax Department, Tax Account Administration Div P.O. Box 2991 Charleston, WV 25330-2991



Name				
Address			Account #:	
Citv	State	Zip		

WV/MFT-508 rtL158 v 6-Web

WEST VIRGINIA MOTOR FUEL IMPORTER REPORT

NOTE: This return has been redesigned. To avoid delays in the processing of this return, DO NOT use any older forms you may have. For information regarding the State Tax Department's new computer system, visit our website at www.wvtax.gov

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

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Period Ending:	oue Date:	FINAL	AMENDED		
	Check if applicable:	Verification of Export	Certificate Attached.		
SEC	CTION 1 - TOTAL TA	AX CALCULATION			
1. Grand Total Tax Due (Section 4 Line 3)					
2. Administrative Discount (Line 1 multiplied	d by 0.001) Only if file	ed timely. Maximum of \$5,000			
3. Gross Amount Due (Line 1 minus Line 2)					
4. Credit Due from this Return (Section 4 Lin	ne 4)				
5. Previous Month Credit	Period Ended:	(MM/YY)			
6. Exporter Return Credit	Period Ended:	(MM/YY)			
7. Total Credits (Add Lines 4 through 6)					
8. Balance of Tax Due (Line 3 minus Line 7)					
9. NON-WAIVABLE INTEREST					
10. ADDITIONS TO TAX (5% per month, no					
11. TOTAL TAX AND LATE FILING CHARGES DUE (Add Lines 8 through 10)					
12. Overpayment Amount (Line 7 minus Line					
13. TOTAL REFUND (To obtain a refund, enter the total from Line 12)					
14. CREDIT DUE (To take credit on next mor					

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



In addition to interest, a penalty of 5% per month (not to exceed 25%) is imposed if the return is late. Multiply Section 1 Line 8 by 0.05 by the number of months late. If no tax is due, a late filing penalty of \$50 per month for each month or part of a month after the due date must be remitted.

SECTION 2 - TAX DUE CALCULATION				
Report in whole gallons	Gasoline	Gasoline Gasohol Undyed Diesel Clear Kere		
1. Total Unpaid Receipts (Schedule 2)	.00	• 00	• 00	• 00
2. Diversions into WV (Schedule 11)	• 00	• 00	• 00	• 00
3. (Line 1 plus Line 2)	• 00	• 00	• 00	.00
4. Combined Rate	0.3220	0.3220	0.3220	0.3220
5. Tax Due (Line 3 times Line 4)	•	•	•	•
Report in whole gallons	Dyed Diesel and Kerosene	Propane	Aviation Gasoline	Aviation Jet Fuel
6. Total Unpaid Receipts (Schedule 2)	.00	• 00	• 00	.00
7. Diversions into WV (Schedule 11)	• 00	.00	.00	.00
8. (Line 6 plus Line 7)	• 00	• 00	• 00	.00
9. Variable Rate	0.1170	0.1170	0.1170	0.1170
10. (Line 8 times Line 9)		•		
11. Exempt Fuel Sold or Used for Taxable Purpose		• 00	• 00	• 00
12. Flat Rate		0.2050	0.2050	0.2050
13. Flat Rate Tax Due (Line 11 times Line 12)			•	
14. (Line 10 plus Line 13)	•	•	•	•
15. Total Tax Due (Sum across all columns Line 5 and Line 14) Transfer to Section 4 Line 1				

SECTION 3 - REFUND CALCULATION				
Report in whole gallons	Gasoline	Gasohol	Undyed Diesel	Clear Kerosene / Other
1. Diversions from WV (Schedule 11A)	.00	• 00	• 00	.00
2. Combined Rate	0.3220	0.3220	0.3220	0.3220
3. Gross Credit Due (Line 1 times Line 2)		•	•	•
Report in whole gallons	Dyed Diesel and Kerosene	Propane	Aviation Gasoline	Aviation Jet Fuel
4. Diversions from WV (Schedule 11A)	.00	• 00	• 00	.00
5. Variable Rate	0.1170	0.1170	0.1170	0.1170
6. Gross Credit Due (Line 4 times Line 5)		•	•	•
7. Total Credit Due (Sum across all columns Line 3 and Line 6) Transfer to Section 4 Line 2				
SECTION 4 - TAX/CREDIT CALCULATION				
1. Total Tax Due (Total from Section 2 Line 15)				
2. Total Credit Due (Total from Section 3 Line 7)				
3. Grand Total Tax Due (Line 1 minus Line 2) If Line 2 is greater than Line 1, Enter 0 here				
4. Grand Total Credit Due (Line 2 minus Line 1) If Line 1 is greater than Line 2, Enter 0 here				•

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)	(E-mail Address)			
(Signature of preparer other than taxpayer)	(Address)		(Date)		

