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



Name			
Address			Account #:
City	State	Zip	

WV/MFT-508 rtL305 v.1-Web

## WEST VIRGINIA MOTOR FUEL IMPORTER REPORT

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

This report and an required senedates must be completed and med by the due dute regardless of activity.							
Period Ending:	Due Date:		FINAL		AMENDED		
Verification of Export Certificate Attached							
	ON						
1. Grand Total Tax Due (Section 4 Line 3)							
2. Administrative Discount (Line 1 multiplied by 0.001) Only if filed timely. Maximum of \$5,000							
3. Gross Amount Due (Line 1 minus Line 2)							
4. Credit Due from this Return (Section 4 Line 4)							
5. Previous Month Credit		Period Ended:	(MN	M/YY)			
6. Exporter Return Credit		Period Ended:	(MN	M/YY)			
7. Total Credits (Add Lines 4 through 6)							
8. Balance of Tax Due (Line 3 minus Line 7) If Line 7 is greater than Line 3, Enter 0							
9. NON-WAIVABLE INTEREST							
10. ADDITIONS TO TAX (5% per month, not to exceed 25%; if no tax due \$50 per month)							
11. TOTAL TAX AND LATE FILING CHARGES DUE (Add Lines 8 through 10)							
12. Overpayment Amount (Line 7 minus Line 3) If Line 3 is greater than Line 7, Enter 0							
13. TOTAL REFUND (To obtain a refund, enter the total from Line 12)							
14. CREDIT DUE (To take credit on next monthly return, enter the total from Line 12)							

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



<sup>\*</sup> 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	Gasohol	Undyed Diesel/ Kerosene	Compressed Natural Gas	
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. Tax Rate	0.3460	0.3460	0.3460	0.2400	
5. (Line 3 times Line 4)					
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Fuel	Natural Gas/LNG/Other	
6. (Schedule 2)	.00	. 00	. 00	. 00	
7. (Schedule 11)	. 00	. 00	. 00	. 00	
8. (Line 6 plus Line 7)	. 00	. 00	. 00	. 00	
9. Tax Rate	0.1410	0.0610	0.1410	*Enter tax rate	
10. Tax Due (Line 8 times Line 9)					
11. Exempt Fuel Sold or Used for Taxable Purpose		. 00	. 00		
12. Flat Rate		0.1500	0.2050		
13. (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					

<sup>\*</sup>Tax rate can be found at www.wvtax.gov

SECTION 3 - REFUND CALCULATION					
Report in whole gallons	Gasoline	Gasohol	Undyed Diesel/Kerosene	Compressed Natural Gas	
1. Diversions from WV (Schedule 11A)	. 00	. 00	. 00	. 00	
2. Tax Rate	0.3460	0.3460	0.3460	0.2400	
3. Gross Credit Due (Line 1 times Line 2)		•			
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Fuel	Natural Gas/LNG/Other	
4. Diversions from WV (Schedule 11A)	.00	. 00	.00	. 00 *Enter tax rate	
5. Tax Rate	0.1410	0.0610	0.1410	· Enter tax rate	
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					

<sup>\*</sup>Tax rate can be found at www.wvtax.gov

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)		