Bulk Storage Capacity: (If applicable)

_____
(Gallons)

Location Fuel was Consumed:

_____
Indicate Type of PTO Truck

☐ Cement Mix   ☐ Garbage

RECEIPT SUMMARY SCHEDULE
Record of West Virginia Tax Paid
Motor Fuel Purchases
Period Ending of Claim

From:_____   To:_____
(Earliest Invoice Date)   (Last Invoice Date)

IMPORTANT
- Submit with WV Refund Application (**WV/MFR-14G** and **WV/MFR-14NG**)
- Report in Whole Gallons
- If inventory is maintained: Use Inventory Worksheet (Schedule D) to calculate gallons for refund.
- All purchases must be from a West Virginia location.
- A separate application must be submitted for each refund category; however, you may apply for more than one product type on a single refund application.

8-digit Acct# _or_ FEIN: _____

Organization Name: _____

Contact Person: _____

Contact Telephone No: _____

Off-Highway/PTO/Clear Kerosene Retailers	12 months from the end of calendar year of purchase date
Agriculture:	12 months from date of purchase or delivery
Casualty Loss:	Three years from end of <u>month</u> of loss
Poultry House	Three years from date of sale
Retail/Bulk Evaporation	Three years from end of the <u>year</u> of loss
Government:	Fiscal Year: **July 1 - June 30** Last acceptable postmark/filing date: **December 31**

Do not submit receipts/invoices or billing statements.
If you have more than 25 lines in this or any other schedule you MUST file this return online at mytaxes.wvtax.gov.
Retain receipts for at least three years. All refunds are subject to audit or review.
The right to receive a refund is not assignable. No payment may be made to any person other than the original person entitled.

Purpose for which fuel was consumed (give full details):

Date of Purchase MM / DD / YYYY	PURCHASED FROM Name	Address	City	State, ZIP	Receipt/ Invoice Number	**Clear** (Undyed) **Diesel / Kerosene** (List Individual Gallons)	**Dyed Diesel/Propane** (List Individual Gallons)	**Gasoline** (List Individual Gallons)	**Other** (Fuel Type Gallons)
				SUBTOTAL					
			Total of page 2 and any additional pages						
			TOTAL REFUNDABLE GALLONS (Transfer to page 2 of refund application)						

Date of Purchase	PURCHASED FROM				Receipt/ Invoice Number	**Clear** (Undyed) **Diesel / Kerosene** (List Individual Gallons)	**Dyed Diesel/Propane** (List Individual Gallons)	**Gasoline** (List Individual Gallons)	**Other** (Fuel Type Gallons)
MM / DD / YYYY	Name	Address	City	State, ZIP					
	Subtotal of page (Use additional pages if necessary)								