

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



Name _____
 Address _____
 City _____ State _____ Zip _____

Account #: _____

WV/TPT-722
 rL194 v.8-web

WEST VIRGINIA APPLICATION FOR REFUND/CREDIT OF TOBACCO TAX

SECTION 1 - ERRONEOUS PAYMENT INFORMATION				
			DATE (MM/YYYY)	AMOUNT
1. Erroneous Payment				.
SECTION 2 - CIGARETTE				
REASON (Attach Affidavit for Lines 2, 3, 6, & 7)	QUANTITY	TAX RATE	DATE (MM/YYYY)	AMOUNT
2. Cigarette Packages of 20 Returned to Manufacturer with WV Stamps Affixed		1.2000		.
3. Cigarette Packages of 25 Returned to Manufacturer with WV Stamps Affixed		1.5000		.
4. Stamps Returned to Commissioner (20's)		1.2000		.
5. Stamps Returned to Commissioner (25's)		1.5000		.
6. Certified Loss (20's)		1.2000		.
7. Certified Loss (25's)		1.5000		.
- OTHER TOBACCO PRODUCTS				
REASON (Attach Affidavit)	VALUE	TAX RATE	DATE (MM/YYYY)	AMOUNT
8. Certified Loss	.	0.1200		.
SECTION 3 - REFUND/CREDIT CALCULATION				
			DISCOUNT	AMOUNT
9. Total Amount of Line(s) 2 through 8				.
10. Less STATUTORY DEDUCTION (WV Code 11-17: Line 9 multiplied by discount rate)			0.0500	.
11. Less DEALER'S DISCOUNT (Line 9 multiplied by discount rate)			0.0400	.
12. For REFUND, enter Line 9 minus the sum of Line 10 and Line 11, else enter 0				.
13. For CREDIT, enter Line 9 minus the sum of Line 10 and Line 11, else enter 0				.
Sign Your Application				
(Signature of Taxpayer)		(Name of Taxpayer - Type or Print)		(Date)
(Person to Contact Concerning this Return)		(Telephone Number)		(E-mail Address)

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>

