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



Name				
			Account #:	
Address				
City	State	Zip		

WV/MFT-508 rtL337 v.1

WEST VIRGINIA MOTOR FUEL IMPORTER REPORT

Period Ending:	Due Date:	FINAL	AMENDED	NO ACTIVITY
1. Grand Total Tax Due (Section 4 Lin	ne 3)			
2. Administrative Discount (Line 1 mu	ultiplied 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	n 4 Line 4)			•
5. Previous Month Credit	Peri	od Ended:	(MM/YY)	•
6. Exporter Return Credit	rn Credit Period Ended: (MM/YY)		(MM/YY)	•
7. Total Credits (Add Lines 4 through		•		
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*				
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 refu				
14. CREDIT DUE (To take credit on next monthly return, enter the total from Line 12)				

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. Even 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.

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



WEST VIRGINIA MOTOR FUEL IMPORTER REPORT

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

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	0.3570	0.3570	0.3570	0.2370	
5. Tax Due (Line 3 times Line 4)					
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Gas	LNG/Other	
	• 00	• 00	.00	.00	
6. (Schedule 2)			Aviation Jet		
			.00		
			Aviation Gas		
7. Diversions into WV	• 00	. 00	. 00	.00	
(Schedule 11)			Aviation Jet		
			.00		
8. (Line 6 plus Line 7)	. 00	. 00	.00	_ 00	
9. Tax Rate	0.1520	0.0560	0.1520	*Enter tax rate	
10. Tax Due (Line 8 times Line 9)					
11. Exempt Fuel Sold or Used for Taxable Purpose	•	_ 00	•	•	
12. Flat Rate		0.1500			
13. Flat Rate Tax Due (Line 11 times Line 12)		_			
Tax Due 14. (Line 10 plus Line 13)		•	•		
15. Total Tax Due (Sum across	all columns Line 5 and Line	14) Transfer to Section 4 Lin	ne 1		

^{*}Tax rate can be found at www.tax.wv.gov

Account #: _____

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	0.3570	0.3570	0.3570	0.2370
3. Gross Credit Due (Line 1 times Line 2)		•	•	•
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Gas	LNG/Other
	.00	• 00	• 00	.00
4. Diversions from WV (Schedule 11A)			Aviation Jet	
			.00	
				*Enter tax rate
5. Tax Rate	0.1520	0.0560	0.1520	•
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	ere			
4. Grand Total Credit Due (Line 2 minus Line 1) If Line 1 is greater than Line 2, Enter 0 here				
Tax rate can be found at www.tax.wv.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)	

