

**West Virginia  
Tobacco Destruction Affidavit**

FEIN

COUNTY WHERE  
BUSINESS IS LOCATED

BUSINESS NAME

CONTACT NAME

CONTACT PHONE #

(Submit with filing of West Virginia Application for Refund/Credit of Tobacco Tax)

**AFFIDAVIT MUST BE PROPERLY NOTARIZED**

I, \_\_\_\_\_, hereby certify that on

(Taxpayer)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ (date), and in the presence of \_\_\_\_\_

MM DD YYYY

(Witness)

located at \_\_\_\_\_

(Physical Address)

did destroy the following:

\_\_\_\_\_ WV tax stamped packages containing 20 cigarettes, and  
(Quantity)

\_\_\_\_\_ WV tax stamped packages containing 25 cigarettes.  
(Quantity)

The reason for and method of destruction was:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare the above statement to be true and correct.

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Notary Public

My Commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_