

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-702
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TOBACCO PRODUCTS EXCISE AND USE TAX REPORT

Taxpayers required to file electronically will no longer receive returns for the tax types subject to the mandatory requirement by mail. Please visit www.wvtax.gov for additional information.

Period Ending:	Due Date:	FINAL <input type="checkbox"/>	AMENDED <input type="checkbox"/>
REQUIRED - Please select the type of return being filed:		SELLER <input type="checkbox"/>	PURCHASER <input type="checkbox"/>
SECTION 1 - TOBACCO PRODUCTS EXCISE TAX CALCULATION			
1. Total Number of Packs Sold or Received (Use the figures from Schedule 1)			.00
2. Tax Rate Per Pack of Cigarettes			0.5500
3. Total Excise Tax Due on Cigarettes (Line 1 multiplied by Line 2)			.
4. Total Cost of Other Tobacco Products Sold or Received (Use the figures from Schedule 2)			.
5. Other Tobacco Products Tax Rate			0.0700
6. Total Excise Tax Due on Other Tobacco Products (Line 4 multiplied by Line 5)			.
SECTION 2 - TOBACCO PRODUCTS USE TAX CALCULATION			
7. Total Cost of Cigarettes Sold or Purchased (less shipping charges if separately stated)			.
8. Total Cost of Other Tobacco Products Sold or Purchased (less shipping charges if separately stated)			.
9. Cigarette/Other Tobacco Products Sales/Purchases Subject To Use Tax (Line 7 plus Line 8)			.
10. Use Tax Rate			0.0600
11. Total Use Tax Due (Line 9 multiplied by Line 10)			.
SECTION 3 - TOTAL TAX CALCULATION			
12. Total Tobacco Products Excise and Use Tax Due (Line 3 plus Line 6 and Line 11)			.

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)	

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>



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