STATE OF WEST VIRGINIA
State Tax Department, Tax Account Administration
P.O. Box 1682
Charleston, WV 25326-1682

Name

Address

City State Zip

Account #: _____

WV/MFR-14NG
rtL322 v.4

WEST VIRGINIA MOTOR FUEL TAX REFUND APPLICATION NON-GOVERNMENT

Please refer to the instructions before completing this form.	**Period:**		**TO**		☐ **Amended**

FUEL TYPE (Check all that apply)

If reporting "Other", please specify type. Visit www.tax.wv.gov for applicable fuel types and further information.

☐ **Gasoline** ☐ **Clear Kerosene** ☐ **Liquefied Natural Gas** ☐ **Other** _____

☐ **Clear Diesel** ☐ **Propane/LPG** ☐ **Compressed Natural Gas**

Check **only one category.** You may choose multiple fuel types within a category. Submit a separate application for additional categories.

OFF HIGHWAY:		**CLEAR KEROSENE:**		**EVAPORATION:**	
Agriculture:	☐	Consumer:	☐	Retail:	☐
Off-Highway:	☐	Retailer:	☐	Bulk:	☐
Power Take-Off (PTO):	☐				
OTHER:		**PROPANE:**			
Casualty Loss:	☐	Poultry House Consumer:	☐		

TOTAL GALLONS CLAIMED FOR REFUND

(Enter totals from worksheet on reverse side)

Fuel Type	Gallons	Fuel Type	Gallons	Fuel Type	Gallons
Gasoline	.00	Clear Kerosene	.00	Other	.00
Clear Diesel	.00	Propane	.00		

REFUND AMOUNT CLAIMED

(Enter total refund from Section 5 on reverse side) .

Sign Your Application

CAUTION: Please review this application and attachments before signing. Presenting a fraudulent application constitutes a felony.
I declare that I have examined this application and under penalties of perjury declare that to the best of my knowledge and belief it is true, correct, and complete. I authorize the West Virginia State Tax Department to discuss this return with the preparer. ☐ YES ☐ NO

(Signature of Taxpayer) (Name of Taxpayer - Type or Print) (Title) (Date)

(Person to Contact Concerning this Application) (Telephone Number) (E-mail Address)

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
Tax Account Administration
P.O. Box 1682 , Charleston, WV 25326-1682
FOR ASSISTANCE CALL TOLL FREE (800) 982-8297
For more information visit our web site at: www.tax.wv.gov
File online at https://mytaxes.wvtax.gov

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WEST VIRGINIA MOTOR FUEL TAX REFUND APPLICATION
NON-GOVERNMENT

Account #: _____

CALCULATION OF REFUND

Report in Whole Gallons
***If reporting refunds for "Other" motor fuel types, please specify type (See Instructions for list of applicable fuel types)**

SECTION 1 **FLAT RATE** - For Off-highway, Agriculture, and Retailers/Consumers of clear kerosene

Fuel Type	Gallons Claimed from Schedules	Tax Rate	Amount of Refund
1. Gasoline	.00	0.2050	.
2. Clear Diesel	.00	0.2050	.
3. Clear Kerosene	.00	0.2050	.
4. *Other: _____	.00		.

SECTION 2 **VARIABLE RATE** - For Poultry House Consumers

Fuel Type	Gallons Claimed from Schedules	Tax Rate	Amount of Refund
1. Propane	.00	0.0440	.

SECTION 3 **POWER TAKE-OFF** - Applicable only to garbage, cement mixer, and fuel delivery trucks

Fuel Type	Gallons Claimed from Schedules	Tax Rate	Multiply by 25%	Amount of Refund
1. Gasoline	.00	0.2050	0.25	.
2. Clear Diesel	.00	0.2050	0.25	.
3. *Other: _____	.00		0.25	.
4. *Other: _____	.00		0.25	.

SECTION 4 **FOR CASUALTY LOSS AND EVAPORATION** - Combined and Variable Rates as Applicable

Fuel Type	Gallons Claimed from Schedules	Tax Rate	Amount of Refund
1. Gasoline	.00	0.3570	.
2. Gasohol	.00	0.3570	.
3. Clear Diesel	.00	0.3570	.
4. CNG	.00	0.2470	.
5. Dyed Diesel	.00	0.1520	.
6. Clear Kerosene	.00	0.3570	.
7. Propane	.00	0.0440	.
8. *Other: _____	.00		.
9. *Other: _____	.00		.

SECTION 5 - TOTAL REFUND

Total Refund (Sum Amount of Refund for the applicable section) Transfer to front of application	.

***You must enter fuel type and appropriate tax rate. Failure to enter this information will cause a delay in your refund.**

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