



Name

Address

City State Zip

Account #: _____

WV/MFT-508
rtL337 v.8

WEST VIRGINIA MOTOR FUEL IMPORTER REPORT

Period Ending:	Due Date:	FINAL <input type="checkbox"/>	AMENDED <input type="checkbox"/>	NO ACTIVITY <input type="checkbox"/>
SECTION 1 - TOTAL TAX CALCULATION				
1. Grand Total Tax Due (Section 4 Line 3)		.		
2. Administrative Discount (Line 1 multiplied 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 4 Line 4)		.		
5. Previous Month Credit	Period Ended: _____ (MM/YY)	.		
6. Exporter Return Credit	Period Ended: _____ (MM/YY)	.		
7. Total Credits (Add Lines 4 through 6)		.		
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 refund, enter the total from Line 12)		.		
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
P.O. Box 1682, Charleston, WV 25326-1682
FOR ASSISTANCE CALL (304) 558-3333
For more information visit our web site at: www.tax.wv.gov
File online at <https://mytaxes.wvtax.gov>



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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. Total Taxable Gallons (Line 1 plus Line 2)	.00	.00	.00	.00
4. Tax Rate	0.357	0.357	0.357	0.247
5. Tax Due (Line 3 times Line 4)	.	.	.	.
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Gas	LNG/Other
6. Total Unpaid Receipts (Schedule 2)	.00	.00	.00	.00
			Aviation Jet	
			.00	
7. Diversions into WV (Schedule 11)			Aviation Gas	
			.00	
8. Total Taxable Gallons (Line 6 plus Line 7)	.00	.00	.00	.00
9. Tax Rate	0.1520	0.0440	0.1520	*Enter tax rate .
10. Tax Due (Line 8 times Line 9)	.	.	.	.
11. Exempt Fuel Sold or Used for Taxable Purpose				
12. Flat Rate					.00
13. Flat Rate Tax Due (Line 11 times Line 12)			0.150	
14. Tax Due (Line 10 plus Line 13)	.	.	.	.
Total Tax Due (Sum across all columns Line 5 and Line 14) Transfer to Section 4 Line 1				
			.	

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



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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	0.357	0.357	0.357	0.247
3. Gross Credit Due (Line 1 times Line 2)	.	.	.	.
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Gas	LNG/Other
4. Diversions from WV (Schedule 11A)	.00	.00	.00	.00
			Aviation Jet	
			.00	
5. Tax Rate	0.1520	0.0440	0.1520	*Enter tax rate .
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 1 minus Line 2) If Line 2 is greater than Line 1, Enter 0 here	.
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. I authorize the West Virginia State Tax Department to discuss this return with the preparer. <input type="checkbox"/> YES <input type="checkbox"/> NO			
(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)	



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