Bulk Storage Capacity: (If applicable)  (Gallons)  Location Fuel was Consumed:			RECEIPT SUMM/ Record of West \ Motor Fuel Period Endi			inia Tax Paid rchases	_	IMPORTANT  Submit with WV Refund Application (WV/MFR-14G and WV/MFR-14NG)  Report in Whole Gallons  If inventory is maintained: Use Inventory Worksheet (Schedule D) to calculate gallons for refund.  All purchases must be from a West Virginia location.		
Indicate	Type of PTO Truck		From: (Earliest Invoice Date)			To:(Last Invoice Date	<u></u>	<ul> <li>A separate application must be submitted for each refund category; however, you may apply for more than one product type on a single refund application.</li> </ul>		
☐ Cement Mix ☐ (	Garbage	Truck	`							
8-digit Acct# or FEIN	l:						Clear Kerosene Retailers	12 months from the end of calendar year of purchase date		
-				Ag	Agriculture:		12 months from date of purchase or delivery			
Organization Name:					Casualty Loss:			Three years from end of month of loss		
					Poultry House			Three years from date of sale		
Contact Person:					Retail/Bulk Evaporation			Three years from end of the <u>year</u> of loss		
Contact Telephone No:					Government:			Fiscal Year: <b>July 1 - June 30</b> Last acceptable postmark/filing date: <b>December 31</b>		
	eipts for at least three yearing a refund is not ass	ignable. No payment original person entit	may be made to any led.			Receipt/	Clear (Undyed)		Gasoline	Other
			URCHASED FROM			Invoice	Diesel / Kerosene	Dyed Diesel/Propane (List Individual Gallons)	(List Individual	(Fuel Type
MM / DD / YYYY	Name	Address	City	State, 2	<u> </u>	Number	(List Individual Gallons)	(List individual Gallons)	Gallons)	Gallons)
TOTAL REFUNDABLE GALLONS (Transfer to page 2 of refund application)										