

Name						
Address			Account	#:		
City	State	Zip				
WV/MFT-508 WI rtL158 v 6-Web	EST VIRGINIA	MOTOR FU	EL IMPORTER REP	ORT		
Effective January 1, 2013 the mo and refund application			rom 33.4 cents per gallon to he correct rate for periods		eturns	
This report and all required schedules must be completed and filed by the due date regardless of activity.						
Period Ending:	Due Date:		FINAL	AMENDED		
	Chec	k if applicable:	Verification of Export 0	Certificate Attached.		
	SECTION 1	- TOTAL TA	X CALCULATION			
1. Grand Total Tax Due (Section 4 I	Line 3)				•	
2. Administrative Discount (Line 1)		•				
3. Gross Amount Due (Line 1 minus	s Line 2)				•	
4. Credit Due from this Return (Sect	tion 4 Line 4)				•	
5. Previous Month Credit		Period Ended: (MM/YY			•	
5. Exporter Return Credit		Period Ended: (MM/YY)			•	
7. Total Credits (Add Lines 4 throug		•				
8. Balance of Tax Due (Line 3 minu		•				
9. NON-WAIVABLE INTEREST					•	
10. ADDITIONS TO TAX (5% per month, not to exceed 25%; if no tax due \$50 per month)					•	
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. 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 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



WEST VIRGINIA MOTOR FUEL IMPORTER REPORT

SECTION 2 - TAX DUE CALCULATION				
Report in whole gallons	Gasoline	Gasohol	Undyed Diesel	Clear Kerosene / Other
1. Total Unpaid Receipts (Schedule 2)	. 00	.00	.00	• 00
2. Diversions into WV (Schedule 11)	. 00	. 00	• 00	• 00
3. (Line 1 plus Line 2)	• 00	• 00	• 00	• 00
4. Combined Rate	0.3470	0.3470	0.3470	0.3470
5. Tax Due (Line 3 times Line 4)	•	•	•	•
Report in whole gallons	Dyed Diesel and Kerosene	Propane	Aviation Gasoline	Aviation Jet Fuel
6. Total Unpaid Receipts (Schedule 2)	.00	00	. 00	.00
7. Diversions into WV (Schedule 11)	.00	.00	.00	.00
8. Total Taxable Gallons (Line 6 plus Line 7)	. 00	• 00	.00	• 00
9. Variable Rate	0.1420	0.1420	0.1420	0.1420
10. Variable Rate Tax Due (Line 8 times Line 9)			•	•
11. Exempt Fuel Sold or Used for Taxable Purpose		• 00	.00	• 00
12. Flat Rate		0.2050	0.2050	0.2050
13. Flat Rate Tax Due (Line 11 times Line 12)				
14. Tax Due (Line 10 plus Line 13)	•	•	•	
15. Total Tax Due (Sum across all columns Line 5 and Line 14) Transfer to Section 4 Line 1				



SECTION 3 - REFUND CALCULATION					
Report in whole gallons	Gasoline	Gasohol	Undyed Diesel	Clear Kerosene / Other	
1. Diversions from WV (Schedule 11A)	.00	.00	• 00	. 00	
2. Combined Rate	0.3470	0.3470	0.3470	0.3470	
3. Gross Credit Due (Line 1 times Line 2)	•	•	•	•	
Report in whole gallons	Dyed Diesel and Kerosene	Propane	Aviation Gasoline	Aviation Jet Fuel	
4. Diversions from WV (Schedule 11A)	.00	• 00	• 00	. 00	
5. Variable Rate	0.1420	0.1420	0.1420	0.1420	
6. Gross Credit Due (Line 4 times Line 5)	•	•	٠	•	
7. Total Credit Due (Sum acr	oss all columns Line 3 and Li	ne 6) Transfer to Section 4 Li	ne 2		
	SECTION 4	- TAX/CREDIT CAL	CULATION		
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 (Lin	ere	•			
4. Grand Total Credit Due (L	here	•			

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)			



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