

**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/MFT-504  
 rTL306 v.1-Web

**WEST VIRGINIA MOTOR FUEL SUPPLIER/PERMISSIVE SUPPLIER REPORT**

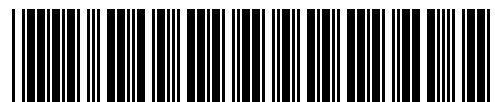
This report and all required schedules must be completed and filed by the due date regardless of activity.

**\*COMPLETE BACK OF RETURN FIRST\***

Period Ending:	Due Date:	FINAL <input type="checkbox"/>	AMENDED <input type="checkbox"/>
<b>TOTAL TAX CALCULATION</b>			
1. Grand Total Tax Due (Section 2 Line 1)		.	
2. Distributor Discount (Worksheet A - Total from Line 10)		.	
3. Administrative Discount (Line 1 multiplied by 0.001) <span style="float: right;">Only if filed timely. Maximum of \$5,000</span>		.	
4. Gross Amount Due (Line 1 minus Line 2 and Line 3)		.	
5. Default Payment (Tax previously defaulted then paid)	Enter Distributor's Name: (Use additional sheet if necessary)	.	
6. Default Deduction (Amount not collected from Distributor/Importer) Must have submitted a Notice of Tax Payment Default Notice (WV/MFT-512)		.	
7. Total Amount Due (Line 4 plus Line 5 minus Line 6)		.	
8. Previous Month Credit	Period Ended: _____ (MM/YY)	.	
9. Exporter Return Credit	Period Ended: _____ (MM/YY)	.	
10. Total Credits (Line 8 plus Line 9)		.	
11. Net Amount Tax Due (Line 7 minus Line 10) If Line 10 is greater than Line 7, Enter 0		.	
12. NON-WAIVABLE INTEREST		.	
13. *ADDITIONS TO TAX (5% per month, not to exceed 25%; if no tax due \$50 per month)		.	
14. TOTAL TAX AND LATE FILING CHARGES DUE (Add Lines 11 through 13)		.	
15. Overpayment Amount (Line 10 minus Line 7) If Line 7 is greater than Line 10, Enter 0		.	
16. CREDIT (To take credit on next monthly return, enter the total from Line 15)		.	
17. REFUND (To obtain a refund, enter the total from Line 15)		.	

\* In addition to interest, a penalty of 5% per month (not to exceed 25%) is imposed if the return is late. Multiply Line 11 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](http://www.wvtax.gov)  
 File online at <https://mytaxes.wvtax.gov>



0 0 9 0 1 1 4 0 1 W

SECTION 1 - SUPPLIER/PERMISSIVE SUPPLIER INFORMATION				
Report in whole gallons	Gasoline	Gasohol	Undyed Diesel/Kerosene	Compressed Natural Gas
1. Net Taxable Gallons (Worksheet A)	.00	.00	.00	.00
2. Tax Rate	0.3570	0.3570	0.3570	0.2440
3. Combined Rate Tax Due (Line 1 times Line 2)				
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Fuel	Natural Gas/LNG/Other
4. Net Taxable Gallons at Var Rate (Worksheet A)	.00	.00	.00	.00
5. Tax Rate	0.1520	0.0620	0.1520	**Enter tax rate
6. Variable Rate Due (Line 4 times Line 5)				
7. * Exempt Fuel at Flat Rate (Worksheet A)		.00	.00	
8. Flat Rate		0.1500	0.2050	
9. * Tax Due - Exempt Fuel (Line 7 times Line 8)				
10. *Tax Due (Line 6 plus Line 9)				
SECTION 2 - TAX CALCULATION				
1. Grand Total Tax Due (Sum of Section 1 Line 3 and Line 10 all columns) Transfer Amount to Page 1 Line 1				

\* Exempt Fuel (Gallons) Sold or Used for Taxable Purpose (on-highway)

\*\*Tax rate can be found at [www.wvtax.gov](http://www.wvtax.gov)

Check if applicable: <input type="checkbox"/> Schedule 7A / 7B Attached			
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)	(Email Address)	
(Signature of preparer other than taxpayer)	(Address)	(Date)	



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