

Name					
Address			Account	#:	
City	State	e Zip			
WV/MFT-508 WES rtL305 v.1-Web	ST VIRGINIA	A MOTOR FU	EL IMPORTER REP	ORT	
This report and all req	uired schedules	must be complete	d and filed by the due date	e regardless of activity.	
Period Ending:	iod Ending: Due Date: FINAL		AMENDED		
Verification of Export Certificate Attached					
	SECTION 1	- TOTAL TAX	X 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 l	Line 2)				
4. Credit Due from this Return (Section	on 4 Line 4)				
5. Previous Month CreditPeriod Ended:(MM/YY)					
6. Exporter Return Credit	6. Exporter Return Credit		(MM/YY)		
7. Total Credits (Add Lines 4 through	6)				
8. Balance of Tax Due (Line 3 minus					
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



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. (Line 1 plus Line 2)	.00	. 00	. 00	. 00
4. Tax Rate	0.3570	0.3570	0.3570	0.2440
5. Tax Due (Line 3 times Line 4)		•		
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Fuel	Natural Gas/LNG/Other
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. Tax Rate	0.1520	0.0620	0.1520	*Enter tax rate
10. Tax Due (Line 8 times Line 9)				
11. Exempt Fuel Sold or Used for Taxable Purpose		. 00	. 00	
12. Flat Rate		0.1500	0.2050	
13. Flat Rate Tax Due (Line 11 times Line 12)	-			-
14. Tax Due (Line 10 plus Line 13)	<u>.</u>	·		
15. Total Tax Due (Sum across	all columns Line 5 and Line 1	14) Transfer to Section 4 Lir	ne 1	

*Tax rate can be found at www.wvtax.gov



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	0.3570	0.3570	0.3570	0.2440	
3. Gross Credit Due (Line 1 times Line 2)			•		
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Fuel	Natural Gas/LNG/Other	
4. Diversions from WV (Schedule 11A)	. 00	. 00	.00	.00	
5. Tax Rate	0.1520	0.0620	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 fro					
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.wvtax.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.						
(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)			

