Schedule B (Form WV/MFR-14):
Motor Fuel Excise Tax Casualty Loss Statement
(Submit with the filing of the Motor Fuel Refund Application MFR-14)
(Rev. October, 2015)  West Virginia State Tax Department
Tax Account Administration Division, Fuel Tax Administration Unit
PO Box 2991
Charleston, WV 25330-2991

► Please print or type ◄

8-Digit Acct. No. or FEIN:  Contact Person:

Name:  Telephone:  Ext:

DBA:  

Address:  

City:  ► Period Ending:  

State:  Zip:

1. Date of Loss:  Gallons Lost:  Fuel Type:

2. Has tax been paid on lost fuel?  Yes  No  
   If yes, submit Receipt Summary Schedule.

3. Provide name and address of person having first hand knowledge of loss.

4. State reason for this claim, including specific location where loss occurred. If additional space is required, use reverse side.