

# 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.		