



 Name

 Address

 City State Zip

Account #: _____

WV/TPT-702
 rL312 v.1-Web

TOBACCO PRODUCTS EXCISE AND USE TAX REPORT

Period Ending:	Due Date:	FINAL <input type="checkbox"/>	AMENDED <input type="checkbox"/>
		REQUIRED - Please select the type of return being filed:	
		SELLER <input type="checkbox"/>	PURCHASER <input type="checkbox"/>
SECTION 1 - TOBACCO PRODUCTS EXCISE TAX CALCULATION			
1. Total number of packs sold or received (Use the figures from Schedule 1)			
2. Total excise tax due on cigarettes (Line 1 multiplied by excise tax rate)		Tax Rate 1.2000	.
3. Total cost of other tobacco products sold or received (Use the figures from Schedule 2)			
4. Total excise tax due on other tobacco products (Line 3 multiplied by excise tax rate)		Tax Rate 0.1200	.
5. Total number of milliliters of e-cigarette liquids purchased/sold (Enter amount from Schedule 3)			
6. Total excise tax due on e-cigarette liquids (Line 5 multiplied by excise tax rate)		Tax Rate 0.0750	.
7. Total excise tax due on products purchased/sold (Line 2 plus Line 4 and Line 6)			
SECTION 2 - TOBACCO PRODUCTS USE TAX CALCULATION			
8. Total cost of cigarettes sold or purchased (Less shipping charges if separately stated)			
9. Total cost of other tobacco products sold or purchased (Less shipping charges if separately stated)			
10. Total cost of e-cigarette liquids purchased/sold (Enter amount from Schedule 3)			
11. Total products sales/purchases subject to use tax (Line 8 plus Line 9 and Line 10)			
12. Total use tax due (Line 11 multiplied by use tax rate)		Tax Rate 0.0600	.
SECTION 3 - TOTAL TAX CALCULATION			
13. Total excise and use tax due (Line 7 plus Line 12)			

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)	

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.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>



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TOBACCO PRODUCTS EXCISE AND USE TAX REPORT

Account #: _____

SCHEDULE 1 - DETAILED SALES/PURCHASE INFORMATION FOR CIGARETTES

BRAND NAME	NAME OF PURCHASER OR SELLER	ADDRESS/INTERNET ADDRESS AND/OR PHONE # OF PURCHASER OR SELLER	DATE SOLD OR PURCHASED	# OF PACKS SOLD OR PURCHASED	COST OF CIGARETTES
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Total Product Sold or Purchased					.

TOBACCO PRODUCTS EXCISE AND USE TAX REPORT

Account #: _____

SCHEDULE 2 - DETAILED SALES/PURCHASE INFORMATION FOR OTHER TOBACCO PRODUCTS				
BRAND NAME OF TOBACCO TYPE	NAME OF PURCHASER OR SELLER	ADDRESS/INTERNET ADDRESS AND/OR PHONE # OF PURCHASER OR SELLER	DATE SOLD OR PURCHASED	COST OF OTHER TOBACCO PRODUCTS
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Total Product Sold or Purchased				.

