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*

<table>
<thead>
<tr>
<th>Period Ending:</th>
<th>Due Date:</th>
<th>FINAL</th>
<th>AMENDED</th>
<th>NO ACTIVITY</th>
</tr>
</thead>
</table>

**TOTAL TAX CALCULATION**

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) Only if filed timely. Maximum of $5,000
4. Gross Amount Due (Line 1 minus Line 2 and Line 3)
5. Default Payment (Tax previously defaulted then paid) Enter Distributor's Name:
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. Even 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.tax.wv.gov
File online at https://mytaxes.wvtax.gov
**SECTION 1 - SUPPLIER/PERMISSIVE SUPPLIER INFORMATION**

<table>
<thead>
<tr>
<th>Report in whole gallons</th>
<th>Gasoline</th>
<th>Gasohol</th>
<th>Undyed Diesel/Kerosene</th>
<th>Compressed Natural Gas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Net Taxable Gallons (Worksheet A)</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>2. Tax Rate</td>
<td>0.3320</td>
<td>0.3320</td>
<td>0.3320</td>
<td>0.2350</td>
</tr>
<tr>
<td>3. Combined Rate Tax Due (Line 1 times Line 2)</td>
<td><strong>Enter tax rate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report in whole gallons</th>
<th>Dyed Diesel/Kerosene</th>
<th>Propane/LPG</th>
<th>Aviation Fuel</th>
<th>Natural Gas/LNG/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Net Taxable Gallons at Var Rate (Worksheet A)</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>5. Tax Rate</td>
<td>0.1270</td>
<td>0.0550</td>
<td>0.1270</td>
<td><strong>Enter tax rate</strong></td>
</tr>
<tr>
<td>6. Variable Rate Due (Line 4 times Line 5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. * Exempt Fuel at Flat Rate (Worksheet A)</td>
<td>.00</td>
<td>.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Flat Rate</td>
<td>0.1500</td>
<td></td>
<td>0.2050</td>
<td></td>
</tr>
<tr>
<td>9. * Tax Due - Exempt Fuel (Line 7 times Line 8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. *Tax Due (Line 6 plus Line 9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.tax.wv.gov**

Check if applicable:   [ ] 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)