

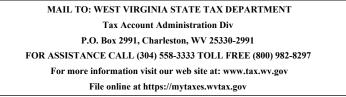
Name			Account #:
Address			//////////////////////////////////////
City	State	Zip	

WV/MFT-508 rtL337 v.1

## WEST VIRGINIA MOTOR FUEL IMPORTER REPORT

Period Ending:	Due Date:		FINAL	AMENI	DED	NO ACTIVITY
	<b>SECTION 1</b>	- TOTAL TA	X CALCULA	TION		
1. Grand Total Tax Due (Section 4 Lir	ne 3)					
2. Administrative Discount (Line 1 mu	ultiplied by 0.001)	Only if filed	timely. Maximum	of \$5,000		
3. Gross Amount Due (Line 1 minus Line 2)						
4. Credit Due from this Return (Sectio	n 4 Line 4)					
5. Previous Month Credit		Period Ended:		(MM/YY)		•
6. Exporter Return Credit		Period Ended:		(MM/YY)		
7. Total Credits (Add Lines 4 through	6)					
8. Balance of Tax Due (Line 3 minus Line 7) If Line 7 is greater than Line 3, Enter 0						
9. NON-WAIVABLE INTEREST						
10. ADDITIONS TO TAX*						
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. 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.





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Account #: \_\_\_\_\_

	SECTION	<b>2 - TAX DUE CALCU</b>	ULATION	
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. Total Taxable Gallons (Line 1 plus Line 2)	• 00	• 00	• 00	. 00
4. Tax Rate	0.3570	0.3570	0.3570	0.2360
5. (Line 3 times Line 4)	•	•	•	•
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Gas	LNG/Other
	• 00	• 00	. 00	. 00
6. (Schedule 2)			Aviation Jet	
			. 00	
			Aviation Gas	
7 Diversions into WV	• 00	• 00	. 00	• 00
<sup>7.</sup> (Schedule 11)			Aviation Jet	
			. 00	
8. (Line 6 plus Line 7)	• 00	• 00	. 00	• 00
9. Tax Rate	0.1520	0.0490	0.1520	*Enter tax rate
0. Tax Due (Line 8 times Line 9)				•
1. Exempt Fuel Sold or Used for Taxable Purpose	•	. 00	•	•
2. Flat Rate		0.1500	-	
3. Flat Rate Tax Due (Line 11 times Line 12)				
4. (Line 10 plus Line 13)	_	<u>.</u>		
5. Total Tax Due (Sum across	all columns Line 5 and Line	14) Transfer to Section 4 Lin	ie 1	

This report and all required schedules must be completed and filed by the due date regardless of activity.

\*Tax rate can be found at www.tax.wv.gov



Account #:

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	0.2360		
3. Gross Credit Due (Line 1 times Line 2)	•	•	•	•		
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Gas	LNG/Other		
4. Diversions from WV (Schedule 11A)	• 00	• 00	• 00	• 00		
			Aviation Jet			
			_ 00			
			•	*Enter tax rate		
5. Tax Rate	0.1520	0.0490	0.1520	•		
6. Gross Credit Due (Line 4 times Line 5)	•	•	•	•		
		O Transfords Continue AL				
7. Total Credit Due (Sum acro		,				
	<b>SECTION 4</b>	- TAX/CREDIT CAL	CULATION			
1. Total Tax Due (Total from Section 2 Line 15)						
2. Total Credit Due (Total from Section 3 Line 7)						
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.t	ax.wv.gov		1	•		

## **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)	
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