

**STATE OF WEST VIRGINIA**  
**State Tax Department, Tax Account Administration Div**  
**P.O. Box 2991**  
**Charleston, WV 25330-2991**



\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City State Zip

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

WV/TPT-705  
 rL315 v.2-Web

**WEST VIRGINIA RETAILER - CIGARETTE/OTP FLOOR STOCK RETURN**

Effective July 1, 2016, the excise tax on cigarettes will increase 65 cents on packs of 20 and 81.25 cents on packs of 25. The excise tax on other tobacco products will increase by 5% on the wholesale price. All retailers who sell such products are required to take a physical inventory of the stamped cigarettes and other tobacco products on hand on July 1, 2016. All additional tax due is to be paid by August 30, 2016 (60 days from the effective date of the rate change.) A penalty of \$25.00 per month, or fraction thereof, will be imposed on the late filing of this report, even where no tax is due along with any penalty and interest due for the late paying of tax due.

**Complete the report below to calculate the additional tax due on the inventory.**  
**Due Date: August 30, 2016**

**You must retain a copy of this report for your records.**

	Inventory Date: 07-01-2016		Due Date: 08-30-2016	
	Column 1 Number of Packs	Column 2 OTP Gross Invoice Cost	Column 3 Rate	Column 4 Tax Due
1. Tax due on packs of 20 (Col. 1 x Col. 3)			<b>0.6500</b>	.
2. Tax due on packs 25 (Col. 1 x Col. 3)			<b>0.8125</b>	.
3. Tax on OTP (Col. 2 x Col. 3)			<b>0.0500</b>	.
4. Total tax due (Sum of Col. 4)				.
5. Discount (Line 4, Col. 4 x Line 5, Col. 3)			<b>0.0400</b>	.
6. Total amount due (Line 4, Col. 4 - Line 5, Col. 4)				.

**Sign Your Return**

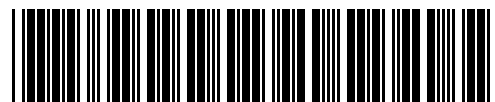
Under penalties of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true and complete.

(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](http://www.tax.wv.gov)**  
**File online at <https://mytaxes.wvtax.gov>**



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