

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/MFT-504
 rtL159 v 4-Web

WEST VIRGINIA MOTOR FUEL SUPPLIER/PERMISSIVE SUPPLIER REPORT

NOTE: This return has been redesigned. To avoid delays in the processing of this return, DO NOT use any older forms you may have. For information regarding the State Tax Department's new computer system, visit our website at www.wvtax.gov

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

COMPLETE BACK OF RETURN FIRST

Period Ending:	Due Date:	FINAL <input type="checkbox"/>	AMENDED <input type="checkbox"/>
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: (Use additional sheet if necessary)		.
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. 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.wvtax.gov
 File online at <https://mytaxes.wvtax.gov>



SECTION 1 - SUPPLIER/PERMISSIVE SUPPLIER INFORMATION				
Report in whole gallons	Gasoline	Gasohol	Undyed Diesel	Clear Kerosene / Other
1. Net Taxable Gallons (Worksheet A)	.00	.00	.00	.00
2. Combined Rate	0.3220	0.3220	0.3220	0.3220
3. Combined Rate Tax Due (Line 1 times Line 2)
Report in whole gallons	Dyed Diesel and Kerosene	Propane	Aviation Gasoline	Aviation Jet Fuel
4. Net Taxable Gallons At Var Rate (Worksheet A)	.00	.00	.00	.00
5. Variable Rate	0.1170	0.1170	0.1170	0.1170
6. Variable Rate Due (Line 4 times Line 5)
7. * Exempt Fuel At Flat Rate (Worksheet A)		.00	.00	.00
8. Flat Rate		0.2050	0.2050	0.2050
9. * Tax Due - Exempt Fuel (Line 7 times Line 8)		.	.	.
10. Tax Due (Line 6 plus Line 9)		.	.	.
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)

Check if applicable: <input type="checkbox"/> 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)	



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