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



| | | | Crois A Criffith Toy Commissioner | | |
|--------------------------|-------|-----|-------------------------------------|--|--|
| Earl Ray Tomblin, Govern | or | | Craig A. Griffith, Tax Commissioner | | |
| | | | | | |
| | | | | | |
| Name | | | | | |
| Addon | | | A | | |
| Address | | | Account #: | | |
| City | State | Zip | | | |

WV/MFT-514 rtL156 v.5-Web

WEST VIRGINIA MOTOR FUEL PRODUCER 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 is not required if no reportable activity. Reports with activity must be postmarked by the last day of the month following report month.

| Period Ending: | Due Date: | FINAL | AMENDED | | |
|---|-----------|-------|---------|--|--|
| TAX CALCULATION (Complete Worksheets on Reverse Side of Report First) | | | | | |
| 1. Total Gallons - Undyed Product | .00 | | | | |
| 2. Total Gallons - Undyed Product | . 00 | | | | |
| 3. Taxable Undyed Gallons (Line 1 | . 00 | | | | |
| 4. Undyed - Combined (Flat and V | 0.3220 | | | | |
| 5. Tax Due - Undyed Product Prod | | | | | |
| 6. Total Gallons - Dyed Product Pr | . 00 | | | | |
| 7. Dyed - Variable Rate | | | 0.1170 | | |
| 8. Tax Due - Dyed Product Produc | | | | | |
| 9. Net Tax Due (Line 5 plus Line 8 | | | | | |
| 10. If Amended Return (Enter amou | | | | | |
| 11. Balance of Tax Due (Line 9 min | | | | | |
| 12. NON-WAIVABLE INTEREST | | | | | |
| 13. *ADDITIONS TO TAX (5% pe | | | | | |
| 14. TOTAL TAX AND LATE FILI | | | | | |
| 15. NET REFUND DUE (Line 10 m | | | | | |

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



^{*} 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.

WEST VIRGINIA MOTOR FUEL PRODUCER REPORT

Letter Id:

| | | W((Repo | ORKSHEE' rt in Whole C | Γ A Gallons) | |
|---|------------------------|---------------------------------|---------------------------|-----------------------|---------------------------------|
| A | | В | | С | D |
| Date | Total Produced Product | | Total | Undyed Fuel Added | Total Gallons Undyed Product |
| (MM/DD/YYYY) | Product Code | Gallons | Product Code | Gallons | Column B plus Column C |
| | | . 00 | | . 00 | .00 |
| | | . 00 | | . 00 | .00 |
| | | . 00 | | . 00 | .00 |
| | | .00 | | .00 | .00 |
| | | .00 | | .00 | .00 |
| | | . 00 | | .00 | .00 |
| 1. Total Gallons | (Add all Column | D) | | | .00 |
| 2. Tax-Paid Gallons (Must Provide Invoices) | | | | .00 | |
| 3. Grand Total Ta | axable Gallons (I | Line 1 minus Line 2 - Enter her | re and on Line | 1 on front of report) | .00 |
| | | W((Repo | ORKSHEE' rt in Whole C | T B Gallons) | |
| A | В | | С | | D |
| Date | Total Produced Product | | Total Dyed Fuel Added | | Total Gallons Dyed Product |
| (MM/DD/YYYY) | Product Code | Gallons | Product Code | Gallons | Column B plus Column C |
| | | .00 | | .00 | .00 |
| | | .00 | | .00 | .00 |
| | | . 00 | | . 00 | .00 |
| | | . 00 | | . 00 | .00 |
| | | . 00 | | . 00 | .00 |
| | | . 00 | | .00 | .00 |
| 1. Total Gallons (Add all Column D) | | | | .00 | |
| 2. Tax-Paid Gallons (Must Provide Invoices) | | | .00 | | |
| | | | | | |

| Sign Your Return | | | | | | | |
|--|---|--------------------------------|-----------------------------------|--|--|--|--|
| Under penalties of perjury, I declare that and belief it is true and complete. | I have examined this return (including accompar | nying schedules and statements |) and to the best of my knowledge | | | | |
| (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) | | | | |