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



Name			-
Address			Account #:
City	State	Zip	-

WV/MFR-14G rtL321 v.1-Web

WEST VIRGINIA MOTOR FUEL TAX REFUND APPLICATION GOVERNMENT

Please refer to the in before completing t		Period:		то			Amended
			FUEL TYPE (Check all	l that apply)		
	If reportin	g "Other", pleas	e specify type. Visit www	v.tax.wv.gov	for applicable fuel	types and further infor	mation.
Gasoline		Clear	Kerosene	Lique	efied Natural Gas	of ther	
Clear Diesel Propane/LPG Compressed Natural Gas							
Check only one	category.	You may choo	se multiple fuel types w	ithin a cate	gory. Submit a se	parate application for	additional categories.
			GOVER	RNMENT T	YPE		
FEDERAL STATE LOCAL, COU					INTY, OTHER		
		TO	OTAL GALLONS (Enter totals from	CLAIMI worksheet	ED FOR REF on reverse side)	UND	
Fuel Type	G	allons	Fuel Type	G	allons	Fuel Type	Gallons
Gasoline		. 00	Clear Kerosene		• 00	Other	• 00
Clear Diesel		. 00	Propane		. 00		
REFUND AMOUNT CLAIMED (Enter total refund from Section 3 on reverse side)							
			Sign Yo	ur Appli	cation		
			d attachments before sign d under penalties of perjur				
(Signature of Taxpay	/er)	(1	Name of Taxpayer - Type or P	rint)	(Title)	(Da	ate)
(Person to Contact Concerning this Application) (Telephone Number) (E-mail Address)							

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



WEST VIRGINIA MOTOR FUEL TAX REFUND APPLICATION GOVERNMENT

Page 2 of 2

Account #: _____

	CALCULATION OF I						
*If reporting refunds f	Report in Whole C or "Other" motor fuel types, please specify typ		list of applicable fuel types)				
SECTION 1 VARIABLE RATE - For State Government							
Fuel Type	Gallons Claimed from Schedules	Gallons Claimed from Schedules Tax Rate					
1. Gasoline	.00	0.1520					
2. Clear Diesel 00		0.1520					
3. Clear Kerosene	.00	0.1520					
4. Propane	.00	0.0490	•				
5. *Other:	00						
6. *Other:	00						
SECTION 2 COMBIN	For Government Agencies (Federal, Local, a ED RATE - Nonprofit Ambulance or Emergency Rescue Motor Fuel Excise Tax and Overpayment/En	Services, for sales to Federal					
Fuel Type	Gallons Claimed from Schedules	Tax Rate	Amount of Refund				
1. Gasoline	.00	0.3570	•				
2. Clear Diesel	.00	0.3570	•				
3. Clear Kerosene	.00	0.3570	•				
4. Propane	.00	0.0490	•				
5. *Other:			•				
6. *Other:	00						
7. *Other:	00						
	SECTION 3 - TOTAL I	REFUND					
Total Refund (Sum Am	nount of Refund for the applicable section) Tranfe	r to front of application					

^{*}You must enter fuel type and appropriate tax rate. Failure to enter this information will cause a delay in your refund.