STATE OF WEST VIRGINIA State Tax Department, Tax Account Administration Div P.O. Box 1682 Charleston, WV 25326-1682



Name			Account #	
Address			Account #:	
City	State	Zip		

WV/MFT-501 rtL329 v.3

WEST VIRGINIA MOTOR FUEL DISTRIBUTOR AND ALTERNATIVE FUEL REPORT

Period Ending:	Due Date:	FINAL	AMENDED	NO ACTIVITY	
Alternative Fuel Provider A		Alternative Fuel Bulk End User Distributor			
Alternative Fuel Retailer Producer/Manufacturer					
SECTION 1					
Report in whole gallons	Gasoline	Gasohol	Undyed Diesel/Kerosene	Compressed Natural Gas	
1. Total Gallons Tax Unpaid (Sch 2)	. 00	• 00	• 00	.00	
2. Combined Rate	0.3570	0.3570	0.3570	0.2370	
3. Tax Due (Line 1 times Line 2)	•	•	•	•	
Report in whole gallons	Dyed Diesel/Kerosene	Propane/LPG	Aviation Gas	LNG/Other	
	• 00	• 00	• 00	.00	
4. Total Gallons Tax Unpaid at Variable Rate			Aviation Jet		
			• 00		
5. Variable Rate	0.1520	0.0240	0.1520	*Enter tax rate	
	0.1520	0.0340	0.1520	•	
6. (Line 4 times Line 5)	•	•	•	•	
7. Flat Rate exempt fuel sold for taxable use (Sch 5X)		• 00		.00	
9 Flat Data		0.1500		*Enter tax rate	
8. Flat Rate		0.1500		•	
9. Tax Due - Exempt Fuel (Line 7 times Line 8)		•		•	
10. Tax Due (Line 6 plus Line 9)		_		_	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
Tax Account Administration Div
P.O. Box 1682, Charleston, WV 25326-1682
FOR ASSISTANCE CALL (304) 558-1951 TOLL FREE (800) 982-8297
For more information visit our web site at: www.tax.wv.gov
File online at https://mytaxes.wvtax.gov



^{*}Tax rate can be found at www.tax.wv.gov

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(Person to Contact Concerning this Return)

(Signature of preparer other than taxpayer)

WEST VIRGINIA MOTOR FUEL DISTRIBUTOR AND ALTERNATIVE FUEL REPORT

Account #: _____

(Date)

		SECTION 2 - TOTAL	TAX DUE		
1.	BALANCE OF TAX DUE (Sum of Section	1 Line 3 and Line 10 all columns)			
2.	NON-WAIVABLE INTEREST				
3.	ADDITIONS TO TAX (5% per month, not	to exceed 25%; if no tax due \$50 per month			
4.	TOTAL TAX AND LATE FILING CHARG	GES DUE (Add Lines 1 through 3)			
		Sign Your Ret	ırn		
	Under penalties of perjury, I declare that I hav and belief it is true and complete. I authorize				
	(Signature of Taxpayer)	(Name of Taxpayer - Type or Print)	(Title)	(Date)	

(E-mail Address)

(Telephone Number)

(Address)

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WEST VIRGINIA MOTOR FUEL DISTRIBUTOR AND ALTERNATIVE FUEL REPORT

Account #: _____

Filing Information

OVERVIEW:

- PROVIDE ALL INFORMATION REQUESTED ON THIS REPORT.
- Your report must be postmarked by the Last Day of the month following the report month.

Line 1 _____ For each product type, enter the number of gallons received Tax Unpaid.

- ATTACH ALL REQUIRED SCHEDULES.

REQUIRED SCHEDULES

Schedule 1 - Schedule of Tax-Paid Receipts

Schedule 2 - Schedule of Untaxed Receipts

Schedule 5 - Schedule of Tax Collected Disbursements

Schedule 5X - Schedule of motor fuel exempt from flat rate

sold for use on highway

Instructions for Completing Section 1 Lines 1 through 10

	NOTE - You must file a Distributor Schedule of Tax-Unpaid Receipts Schedule 2.
Line 2	Combined Tax Rate
Line 3	Tax Due; enter the result of the following: Multiply Lines 1 and 2.
Line 4	For each product type, enter the number of gallons received or produced Tax Unpaid, subject to the variable rate. NOTE - You must file a Schedule of Tax-Unpaid Receipts Schedule 2.
Line 5	Variable Tax Rate
Line 6	For each product type, enter the result of the following: Multiply Lines 4 and 5
Line 7	Enter invoiced gallons of fuel exempt from the flat rate used for taxable purpose (on-highway). NOTE - You must file a Schedule of On-Highway Exempt Fuel Disbursements (Schedule 5X) for motor fuel exempt from the flat rate tax and used on highway. Total invoiced gallons from Schedule 5X must match Line 7 on the front of this report.
Line 8	Flat Tax Rate
Line 9	Fuel exempt from flat rate sold for taxable use tax due; enter the result of the following, Line 7 multiplied by Flat Rate on Line 8.
Line 10	Tax Due; enter the result of the following: Add Lines 6 and 9.
	Instructions for Completing Section 2 Lines 1 through 4
Line 1	Balance of Tax Due. Sum of Section 1 Line 3 and Line 10 all columns.
Line 2	Non-Waivable Interest
Line 3	In addition to interest, a penalty of 5% per month (not to exceed 25%) is imposed if the return is late. Multiply Line 1 by 0.05 by the number of months late.
Line 4	Total Tax and Late Filing Charges Due. Add Lines 1 through 3.