WEST VIRGINIA STATE TAX DEPARTMENT

Tax Account Administration Division, Excise and Support Unit PO BOX 2991 CHARLESTON, WV 25330-2991

Schedule B

Motor Fuel Excise Tax Casualty Loss Statement

(Submit with the filing of the Motor Fuel Refund Application MFR-14)

PLEASE PRINT OR TYPE			
FEIN or 8 Digit Acct No:		Contact Person:	
Name:		Telephone:	Ext:
DBA:			
		DEDIOD ENDING:	
Address:		PERIOD ENDING:	
City: State:	Zip:		
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1. State reason for this claim, including specific location where loss occurred. If additional space is required, use reverse side.			
2. Date of Loss:	Gallons Lost:		Fuel Type:
3. Has tax been paid on lost fuel? Yes	No	4. Provide name and address of per	son having first hand knowledge of the loss.
If yes, attach a copy of fuel purchase	e invoice(s)		