



Name _____
 Address _____
 City _____ State _____ Zip _____

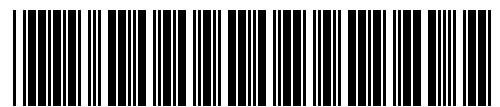
Account #: _____

WV/MFR-14G
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**WEST VIRGINIA MOTOR FUEL TAX REFUND APPLICATION
 GOVERNMENT**

Please refer to the instructions before completing this form.	Period: _____	TO _____	<input type="checkbox"/> Amended		
FUEL TYPE (Check all that apply)					
If reporting "Other", please specify type. Visit www.tax.wv.gov for applicable fuel types and further information.					
<input type="checkbox"/> Gasoline	<input type="checkbox"/> Clear Kerosene	<input type="checkbox"/> Liquefied Natural Gas	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Clear Diesel	<input type="checkbox"/> Propane/LPG	<input type="checkbox"/> Compressed Natural Gas			
Check only one category . You may choose multiple fuel types within a category. Submit a separate application for additional categories.					
GOVERNMENT TYPE					
<input type="checkbox"/> FEDERAL	<input type="checkbox"/> STATE	<input type="checkbox"/> LOCAL, COUNTY, OTHER			
TOTAL GALLONS CLAIMED FOR REFUND (Enter totals from worksheet on reverse side)					
Fuel Type	Gallons	Fuel Type	Gallons	Fuel Type	Gallons
Gasoline	.00	Clear Kerosene	.00	Other	.00
Clear Diesel	.00	Propane-Heating	.00	Propane-On Road	.00
REFUND AMOUNT CLAIMED (Enter total refund from Section 3 on reverse side)					.
Sign Your Application					
<p>CAUTION: Please review this application and attachments before signing. Presenting a fraudulent application constitutes a felony. I declare that I have examined this application and under penalties of perjury declare that to the best of my knowledge and belief it is true, correct, and complete. I authorize the West Virginia State Tax Department to discuss this return with the preparer. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>					
(Signature of Taxpayer)		(Name of Taxpayer - Type or Print)		(Title)	(Date)
(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 1682, Charleston, WV 25326-1682
 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>



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**WEST VIRGINIA MOTOR FUEL TAX REFUND APPLICATION
GOVERNMENT**

Account #: _____

CALCULATION OF REFUND			
Report in Whole Gallons			
*If reporting refunds for "Other" motor fuel types, please specify type (See Instructions for list of applicable fuel types)			
SECTION 1	VARIABLE RATE - For State Government		
Fuel Type	Gallons Claimed from Schedules	Tax Rate	Amount of Refund
1. Gasoline	.00	0.1670	.
2. Clear Diesel	.00	0.1670	.
3. Clear Kerosene	.00	0.1670	.
4. Propane	.00	0.0600	.
5. *Other: _____	.00		.
6. *Other: _____	.00		.
SECTION 2	For Government Agencies (Federal, Local, and County), Urban Mass Transportation, Volunteer Fire Dept, Nonprofit Ambulance or Emergency Rescue Services, for sales to Federal Governments refusing to pay WV Motor Fuel Excise Tax and Overpayment/Erroneous Payments		
Fuel Type	Gallons Claimed from Schedules	Tax Rate	Amount of Refund
1. Gasoline	.00	0.3720	.
2. Clear Diesel	.00	0.3720	.
3. Clear Kerosene	.00	0.3720	.
4. Propane - Heating	.00	0.0600	.
5. Propane - On Road	.00	0.2100	.
6. *Other: _____	.00		.
7. *Other: _____	.00		.
SECTION 3 - TOTAL REFUND			
Total Refund (Sum Amount of Refund for the applicable section) Transfer 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.



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