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

(Signature of preparer other than taxpayer)



				-umb		
	Name Address			A appropriate He		
				Account #:		
	City	State	Zip			
WV/FRM-01 rtL168 v.4	WEST VIRGINIA LICENSED FARM WINERIES PRODUCTION REPORT					
This report must be filed even if no activity has occurred						
West Vi	rginia Legislative Reg	gulations, Title 175, Series	3			
(12) moi	nth period ending Jun			•	ed or blended for the twelve be submitted by letter repor	
		ormation may be reported n TB F 5120.17, Part 1, Line		ormation con	tained on this form should	
Period E	Ending:	Due Date:		FINAL	AMENDED	
TOTAL PRODUCTION						
GALLO	NS OF WINE PRODUCED		DUCTION		I	
UALLO	NS OF WINE I RODUCED	DI PERMENTATION				
Sign Your Return						
Under penalties of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true and complete.						
(Signatur	re of Taxpayer)	(Name of Taxpayer - Type or Print)	(1	Γitle)	(Date)	
(Person to	o Contact Concerning this Return)	(Telephone Number)) (I	E-mail Address)		

(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.wvtax.gov File online at https://mytaxes.wvtax.gov

