## 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	_		
Taxpayers require	ed to file elec	tronically	NDICIA MANUF y will no longer reco Please visit www.w	eive returns for th	e tax types subject	to the mandatory
Period Ending:		Due Date:		FINAL AMENDED		
SPECIFY INDICIA TYPE: CART		ONS	CROWNS	ENDS	LABELS	LIDS
		SUMM	ARY OF MONTH			
				DENOMINATIONS (G. ) (G. ) (G. )		
	(Colum) .01	n A)	(Column B)	(Column C) .04	(Column D) .06	(Column E) .08
1. Opening Inventory						
2. Units Manufactured						
3. Total Available (Line 1 plus Line 2)						
4. Closing Inventory						
5. Total Accountable (Line 3 minus Line 4)						
6. Units Shipped						
7. Other Disposition (explain below)						
8. Total Disposition (Line 6 plus Line 7)						
REMARKS						
			Sign Your			
Under penalties of perjubest of my knowledge a			ned this return (including acce.	companying schedules and	statements) and to the	
(Signature of Taxpayer) (Nan			of Taxpayer - Type or Print)	(Title)	(Date)	
(Person to Contact Concerning this Return)			(Telephone Number) (E-mail A		ess)	
(Signature of preparer other than taxpayer)			(Address)		(Date)	

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

