

West Virginia Department of Transportation
Division of Motor Vehicles
West Virginia Lease Sales Tax Return



1-800-642-9066
dmv.wv.gov

- DMV MUST RECEIVE RETURN BY THE LAST DAY OF EACH MONTH -

Reporting Period: _____

Company Name: _____

Lease Permit #: _____

Number of Vehicles in Program: _____

Total Payments: _____

Taxable Payments: _____

Tax Liability: _____

MAKE CHECKS PAYABLE TO THE DIVISION OF MOTOR VEHICLES.

I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me, and, to the best of my knowledge and belief, is a true, correct and complete return and report.

(X) _____ Title: _____
SIGNATURE

Telephone: (____) ____ - _____

Date: ____/____/____

**SUBMIT COMPLETED FORM TO: West Virginia Division of Motor Vehicles
Vehicle Leasing Section
5707 MacCorkle Ave SE
PO Box 17110
Charleston, WV 25317**
