

# Form FT-102 Virginia Motor Vehicle Fuel Sales Tax Return

Doc ID 102

Do NOT staple.

For assistance, call (804)367-8037.



- Complete Form FT-101, Dealer's Worksheet for Computing Motor Vehicle Fuel Sales Tax, before completing this form.
- Mail completed forms (the return, the voucher, schedule(s) and payment) to:

**Virginia Department Of Taxation  
Motor Vehicle Fuel Sales Tax  
PO Box 26627  
Richmond, VA 23261-6627**

Name	Account Number
	Period
	Due Date

<b>3 Total of Lines 1 and 2 from Form FT-101</b>	3	
<b>4a Exempt Sales</b>	4a	
<b>4b Other Deductions</b>	4b	
<b>5 Taxable Sales</b> (Line 3 minus Line 4a minus Line 4b)	5	
<b>6 Tax</b> (2% of Line 5 or .02 X Line 5)	6	
<b>7b Dealer's Discount</b> (Line 7b from Form FT-101)	7b	
<b>8 Line 6 Minus Line 7b</b>	8	
<b>9 Penalty For Late Filing &amp; Payment</b>	9	
<b>10 Interest For Late Filing &amp; Payment</b>	10	
<b>11 Total Amount Due</b> (Add Lines 8, 9 and 10) Also, enter this amount below on the voucher.	11	

Check if Out-of-Business and enter the termination/sold date \_\_\_\_\_

**Declaration and Signature**

I declare that this return (including accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

## Form FT-102V Virginia Motor Vehicle Fuel Sales Tax Voucher (Doc ID 132)

Period \_\_\_\_\_ Due Date \_\_\_\_\_

00000000000000000000 1328888 000000

Account Number \_\_\_\_\_

FEIN \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

**Required:**  
Send the signed return (above) and  
this voucher, even if no tax is due.

**Total Amount Due  
(Line 11 of above return)**