

CNF-120

REV 9-17

West Virginia
Corporation Net Income Tax Return**2017**

FEIN			EXTENDED DUE DATE			<input type="checkbox"/> 52/53 WEEK FILER Day of week ended _____		
TAX YEAR								
<input type="checkbox"/> Check if tax year is less than 12 months.								
BEGINNING			ENDING					
MM	DD	YYYY	MM	DD	YYYY			
Business Name						<input type="checkbox"/> CHECK HERE FOR CHANGE OF ADDRESS		
First Line of Address			Second Line of Address					
City			State		Zip code			
Principal Place of Business in West Virginia			Type of Activity in West Virginia					

CHECK APPLICABLE BOXES			
TYPE OF ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> NONPROFIT		TYPE OF RETURN: <input type="checkbox"/> INITIAL <input type="checkbox"/> RAR <input type="checkbox"/> FINAL <input type="checkbox"/> AMENDED	
* If separate, were you part of a federal consolidated return? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter parent's FEIN and name _____ _____		FILING METHOD <input type="checkbox"/> SEPARATE ENTITY BASED* <input type="checkbox"/> COMBINED (Must complete Schedule UB-4CR) <input type="checkbox"/> Separate Combined <input type="checkbox"/> Group combined (designate surety FEIN) _____ <input type="checkbox"/> Worldwide Election _____ MM YYYY Is a controlled foreign corporation a part of this return? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, the Schedule UB-5 must be completed and included with this return. <input type="checkbox"/> OTHER (explain) _____	
Are disregarded entities included in this return? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete the Tax Return Questionnaire on page 25.		SIGNED FEDERAL FORM ATTACHED (FIRST 5 PAGES) <input type="checkbox"/> 1120 <input type="checkbox"/> PROFORMA 1120 <input type="checkbox"/> 990 <input type="checkbox"/> 990T	
PERSON AND PHONE NUMBER TO CONTACT CONCERNING THIS RETURN		NAME: _____ NUMBER: _____	

SEPARATE ENTITY FILERS COMPLETE CNF-120APT BEFORE COMPLETING THIS RETURN (See instructions pages 9-11)
COMBINED FILERS COMPLETE UB-4APT BEFORE COMPLETING THIS RETURN (See instructions pages 15-17)

(IF FILING A COMBINED RETURN SKIP LINES 1 THROUGH 13 AND COMPLETE UB SCHEDULES)

1. Federal taxable income (per attached federal return).....	1	.00
2. Total increasing adjustments (Schedule B line 13).....	2	.00
3. Total decreasing adjustments (Schedule B line 26).....	3	.00
4. Adjusted federal taxable income (Line 1 plus line 2 minus line 3).....	4	.00
Wholly West Virginia corporations check here <input type="checkbox"/> and go to line 10		
5. Total nonbusiness income allocated everywhere (Form CNF-120APT, Schedule A-1, line 8, Column 3).....	5	.00
6. Total income subject to apportionment (subtract line 5 from line 4).....	6	.00
7. WV Apportionment Factor (Form CNF-120APT, Sch. B Part 1, line 8, or either Part 2 or Part 3 Column 3) COMPLETED FORM MUST BE ATTACHED	7	•
8. West Virginia apportioned income (line 6 multiplied by line 7).....	8	.00



NAME	FEIN
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8. West Virginia apportioned income (from page 1 line 8).....	8		.00
9. Nonbusiness income allocated to West Virginia (Form CNF-120APT Sch. A2, Line 12)....	9		.00
10. West Virginia adjusted taxable income – Multistate corporations add lines 8 and 9; wholly West Virginia corporations enter amount from line 4.....	10		.00
11. Net operating loss carryforward (Schedule NOL, column 6 total).....	11		.00
12. Subtotal (line 10 less line 11).....	12		.00
13. REIT Inclusion and other Taxable income.....	13		.00
14. WV Net Taxable Income (Add lines 12 and 13) (Combined filers should enter amount from line 20 of Schedule UB 3).....	14		.00
15. Corporate Net Income Tax Rate.....	15	0.065	
16. Corporate Net Income Tax (line 14 multiplied by line 15).....	16		.00
17. Corporate Net Income Tax Credits (Column 2, line 17, Form CNF-120TC).....	17		.00
18. Adjusted Corporate Net Income Tax (subtract line 17 from line 16).....	18		.00
19. Prior year carryforward credit.....	19		.00
20. Estimated and extension payments.....	20		.00
21. Withholding must match the Grand Total on the CNF-120W, WV Withholding – Credit Schedule unless withholding is from NRSR <input type="checkbox"/> CHECK HERE IF WITHHOLD- ING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE).....	21		.00
22. Amount paid with original return (Amended Return Only).....	22		.00
23. Payments (add lines 19 through 22; must match total on Schedule C).....	23		.00
24. Overpayment previously refunded or credited (Amended return only).....	24		.00
25. TOTAL PAYMENTS (subtract line 24 from line 23).....	25		.00
26. If line 25 is larger than line 18 enter overpayment	26		.00
27. Amount of line 26 to be credited to next year's tax.....	27		.00
28. Amount of line 26 to be refunded (Subtract line 27 from line 26).....	28		.00
29. If line 25 is smaller than line 18, enter tax due here.....	29		.00
30. Interest for late payment (see instructions).....	30		.00
31. Additions to tax for late filing and/or late payment (see instructions).....	31		.00
32. Penalty for underpayment of estimated tax (line 6, Form CNF-120U; Attach schedule).....	32		.00
33. TOTAL DUE with this return (add lines 29 through 32).....	33		.00

Direct Deposit of Refund	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="text"/>	<input type="text"/>
		ROUTING NUMBER	ACCOUNT NUMBER
PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. PROVIDING INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.			

PLEASE SEE PAGE 3 OF INSTRUCTIONS FOR PAYMENT OPTIONS.

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I authorize the State Tax Department to discuss my return with my preparer. ☐ YES ☐ NO

Signature of Officer/Partner or Member	Print name of Officer/Partner or Member	Title	Date	Business Telephone Number
<hr/>				
Paid preparer's signature	Firm's name and address	Date	Preparer's Telephone Number	

MAIL TO:
WEST VIRGINIA STATE TAX DEPARTMENT
TAX ACCOUNT ADMINISTRATION DIVISION
PO BOX 1202
CHARLESTON WV 25324-1202

Direct Debit
RTNG: 051900366
ACCT: 123456789
Checking



Adjustments to Federal Taxable Income

2017

NAME	FEIN
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Adjustments Increasing Federal Taxable Income (§11-24-6 and 6a)

1. Interest or dividends on obligations or securities from any state or a political subdivision.....	1	.00
2. US Government obligation interest or dividends not exempt from state tax, less related expenses not deducted on federal return.....	2	.00
3. Income taxes or taxes based upon net income, imposed by this state or any other jurisdiction, deducted on your federal return.....	3	.00
4. Federal depreciation/amortization for West Virginia water/air pollution control facilities – wholly West Virginia corporations only . Multistate corporations must use CNF-120APT, Schedule A-2, line 10.....	4	.00
5. Unrelated business taxable income of a corporation exempt from federal tax (IRC §512).	5	.00
6. Federal net operating loss deduction.....	6	.00
7. Federal deduction for charitable contributions to Neighborhood Investment Programs, if claiming the West Virginia Neighborhood Investment Programs Tax Credit.....	7	.00
8. Net operating loss from sources outside the United States (WV Code §11-24-6(b)(6)).....	8	.00
9. Foreign taxes deducted on your federal return.....	9	.00
10. Deduction taken under IRC § 199 (WV Code §11-24-6a).....	10	.00
11. Add back expenses related to certain REIT's and Regulated Investment Companies and certain interest and intangible expenses (WV Code §11-24-4b).....	11	.00
12. Other increasing adjustments.....	12	.00
13. TOTAL INCREASING ADJUSTMENTS (Add lines 1 through 12; enter here and on CNF-120, line 2).....	13	.00

Adjustments Decreasing Federal Taxable Income (§11-24-6)

14. Refund or credit of overpayment of income taxes or taxes based upon net income, imposed by this state or any other jurisdiction, included in federal taxable income.....	14	.00
15. Interest expense on obligations or securities of any state or its political subdivisions, disallowed in determining federal taxable income.....	15	.00
16. US Government obligation interest or dividends subject to federal but exempt from state tax, less related expenses deducted on your federal return.....	16	.00
17. Salary expense not allowed on federal return due to claiming the federal jobs credit.....	17	.00
18. Foreign dividend gross-up (IRC Section 78).....	18	.00
19. Subpart F income (IRC Section 951).....	19	.00
20. Taxable income from sources outside the United States.....	20	.00
21. Cost of West Virginia water/air pollution control facilities – wholly WV corporations only. Multistate corporations must use CNF-120 APT, Schedule A-2, line 9.....	21	.00
22. Employer contributions to medical savings accounts (WV Code §33-16-15) included in federal taxable income less amounts withdrawn for non-medical purposes.....	22	.00
23. Other decreasing adjustments.....	23	.00
24. SUBTOTAL of decreasing adjustments (Add lines 14 through 23).....	24	.00
25. Schedule B-1 allowance (Schedule B-1, Line 9).....	25	.00
26. TOTAL DECREASING ADJUSTMENTS (Add lines 24 and 25; enter here and on CNF-120, Line 3).....	26	.00



NAME	FEIN
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Schedule B-1
Allowance for Governmental Obligations/Obligations Secured by Residential Property (§11-24-6(f))

AVERAGE MONTHLY BALANCE

1. Federal obligations and securities.....	1	.00
2. Obligations of West Virginia and any political subdivision of West Virginia.....	2	.00
3. Investments or loans primarily secured by mortgages or deeds of trusts on residential property located in West Virginia.....	3	.00
4. Loans primarily secured by a lien or security agreement on a mobile home or double-wide located in West Virginia.....	4	.00
5. TOTAL (Add lines 1 through 4).....	5	.00
6. Total assets as shown on Schedule L, Federal Form 1120 or 1120A.....	6	.00
7. Divide line 5 by line 6 (round to six (6) decimal places).....	7	•
8. Adjusted income (CNF-120 line 1 plus Schedule B line 13, minus line 24, plus Form CNF-120APT, Schedule A-2, lines 9, 10, & 11).....	8	.00
9. ALLOWANCE (line 7 multiplied by line 8, disregard sign) Enter here and on Schedule B, line 25.....	9	.00

Schedule C
Schedule of tax payments

Name of business	FEIN	Date of Payment			Indicate EFT	Type: withholding, estimated, extension, other pmts or prior year credit	Amount of payment
		MM	DD	YYYY			
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
							.00
TOTAL (Amount must agree with amount on CNF-120, line 23).....							.00



FEIN

This form is used by corporations that are subject to tax in more than one state to allocate and apportion their income to the State of West Virginia. Complete and attach to Form CNF-120. See instructions for information on APT Schedules A1, A2, and B, Part 1, 2, & 3.

APT SCHEDULE A1 EVERYWHERE
ALLOCATION OF NONBUSINESS INCOME FOR MULTISTATE BUSINESSES (§11-24-7)

Types of allocable income	Column 1 GROSS INCOME	Column 2 RELATED EXPENSES	Column 3 NET INCOME
1. Rents.....	.00	.00	.00
2. Royalties.....	.00	.00	.00
3. Capital gains/losses.....	.00	.00	.00
4. Interest.....	.00	.00	.00
5. Dividends.....	.00	.00	.00
6. Patent/copyright royalties.....	.00	.00	.00
7. Gain – sale of natural resources (IRC Sec. 631 (a)(b)).....	.00	.00	.00
8. Nonbusiness income/loss – Sum of lines 1 through 7, of column 3. Enter total of Column on CNF-120, line 5...			.00

APT SCHEDULE A2 WEST VIRGINIA
ALLOCATION OF NONBUSINESS INCOME FOR MULTISTATE BUSINESSES (§11-24-7)

Types of allocable income	Column 1 GROSS INCOME	Column 2 RELATED EXPENSES	Column 3 NET INCOME
1. Rents.....	.00	.00	.00
2. Royalties.....	.00	.00	.00
3. Capital gains/losses.....	.00	.00	.00
4. Interest.....	.00	.00	.00
5. Dividends.....	.00	.00	.00
6. Patent/copyright royalties.....	.00	.00	.00
7. Gain – sale of natural resources (IRC Sec. 631 (a)(b)).....	.00	.00	.00
8. Nonbusiness income/loss (sum of lines 1 through 7 of column 3.....)			.00
9. Less cost of West Virginia water/air pollution control facilities this year.....			.00
10. Federal depreciation/amortization on those facilities this year.....			.00
11. Federal depreciation/amortization on such facilities expensed in prior year.....			.00
12. Net nonbusiness income/loss allocated to West Virginia (sum of lines 8 through 11, column 3. Enter on CNF-120, Line 9.....)			.00



FEIN

**FAILURE TO COMPLETE CNF-120APT, SCHEDULE B
WILL RESULT IN 100% APPORTIONMENT TO
WEST VIRGINIA**

**APT SCHEDULE B
APPORTIONMENT FACTORS FOR MULTISTATE BUSINESS (§11-24-7)**

PART 1 – REGULAR FACTOR

LINES 1 & 2: Divide Column 1 by Column 2 and enter six (6) digit decimal in column 3.

LINE 5: Column 1 – Enter line 3. Column 2 – line 3 less line 4. Divide column 1 by column 2 and enter six (6) digit decimal in column 3.

	Column 1 West Virginia	Column 2 Everywhere	Column 3 Decimal Fraction (6 digits)
1. Total Property.....	.00	.00	•
2. Total Payroll.....	.00	.00	•
3. Total Sales.....	.00	.00	
4. Sales to purchasers in a state where you are not taxable.....		.00	
5. Adjusted Sales.....	.00	.00	•
6. Adjusted Sales (enter line 5 again)	.00	.00	•
7. TOTAL: Add Column 3, Lines 1, 2, 5, and 6.....			•
8. APPORTIONMENT FACTOR – Line 7 divided by the number 4, reduced by the number of factors showing zero in column 2, lines 1, 2, 5, and 6. Enter six (6) digits after the decimal. Enter on Form CNF-120, line 7			•

PART 2 – MOTOR CARRIER FACTOR (§11-24-7a)

VEHICLE MILEAGE – Enter column 3 on Form CNF-120 line 7.

Column 1 West Virginia	Column 2 Everywhere	Column 3 Decimal Fraction (6 digits)
		•

PART 3 – FINANCIAL ORGANIZATION FACTOR (§11-24-7b)

GROSS RECEIPTS – Enter Column 3 on CNF-120, line 7.

Column 1 West Virginia	Column 2 Everywhere	Column 3 Decimal Fraction (6 digits)
.00	.00	•



NAME	FEIN
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PART I: All filers must complete this part

1. Corporate Net Income Tax after credits (line 18 of Form CNF-120)..... 1 .00

IF LINE 1 IS LESS THAN \$650, DO NOT COMPLETE LINES 2 OR 3. ENTER ZERO ON LINE 5

2. Multiply line 1 by ninety percent (.90).....	2	.00
3. Enter the income tax after credits from your 2016 return (see instructions)	3	.00
4. Enter the smaller of line 2 or line 3.....	4	.00
5. Income Tax required to be paid. Enter line 4 amount here.....	5	.00

**IF LINE 5 IS ZERO, DO NOT COMPLETE THIS FORM! YOU ARE NOT SUBJECT TO THE PENALTY.
REFER TO THE INSTRUCTIONS TO DETERMINE YOUR OPTIONS FOR CALCULATING THE UNDERPAYMENT PENALTY**

6. Determine your penalty by completing Part II, Part III, and Part IV. Enter your penalty from line 42 here and on line 32 of Form CNF-120..... 6 .00

If you are requesting a waiver of the penalty calculated, check here ☐

If you are using the ANNUALIZED INCOME WORKSHEET to compute your underpayment penalty, complete Part II

PART II: ANNUALIZED INCOME INSTALLMENT (Multistate taxpayers use apportioned figures for lines 1 and 4)

	Column B: 3 months	Column C: 6 months	Column D: 9 months
1. Enter WV taxable income for each period.....	.00	.00	.00
2. Annualization amounts.....	4	2	1.3333
3. Multiply line 1 by line 2.....	.00	.00	.00

	Column A: 3 months	Column B: 5 months	Column C: 8 months	Column D: 11 months
4. Enter the WV taxable income for each period.....	.00	.00	.00	.00
5. Annualization amounts.....	4	2.4	1.5	1.09091
6. Multiply line 4 by line 5.....	.00	.00	.00	.00

For line 7 of column A, enter the amount from line 6 of column A.

In columns B, C, & D, enter the smaller of the amounts in each column from line 3 or line 6.

7. Annualized taxable income.....	.00	.00	.00	.00
8. Tax rate.....	.065	.065	.065	.065
9. Annualized tax (multiply line 7 by line 8).....	.00	.00	.00	.00
10. Tax credits. Enter credits from CNF-120 line 17 in each column.....	.00	.00	.00	.00
11. Subtract line 10 from line 9. If zero or less, enter 0.....	.00	.00	.00	.00
12. Applicable percentage.....	0.225	0.45	0.675	0.9
13. Multiply line 11 by line 12.....	.00	.00	.00	.00



NAME	FEIN
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COMPLETE LINES 14 THROUGH 20 FOR ONE COLUMN BEFORE GOING TO THE NEXT COLUMN

	Column A	Column B	Column C	Column D
14. Add the amounts in all previous columns of line 20.....		.00	.00	.00
15. Subtract line 14 from line 13. If zero or less, enter 0.....	.00	.00	.00	.00
16. Enter 1/4 of Part I, line 4 in each column.....	.00	.00	.00	.00
17. Enter the amount from line 19 of the previous column of this worksheet.....		.00	.00	.00
18. Add lines 16 and 17.....	.00	.00	.00	.00
19. Subtract line 15 from line 18. If zero or less, enter 0.....	.00	.00	.00	
20. Required Installment. Enter the smaller of line 15 or line 18.....	.00	.00	.00	.00

PART III: Calculate the Underpayment

	Column A	Column B	Column C	Column D
21. Installment Due Dates: Enter in columns A – D the 15th day of the 4th, 6th, 9th, and 12th months of your tax year.....				
22. If you are using the annualized method, enter the amounts from line 20; otherwise 1/4 of Part I, line 5 of each column.....	.00	.00	.00	.00
23. Estimated payments (see instructions). If line 23 is greater than or equal to line 22 for all columns, stop here, you are not subject to the penalty.....	.00	.00	.00	.00

COMPLETE LINES 24 THROUGH 30 FOR ONE COLUMN BEFORE GOING TO THE NEXT COLUMN

	Column A	Column B	Column C	Column D
24. Enter the amount, if any, from line 30 of the previous column.....		.00	.00	.00
25. Add lines 23 and 24.....		.00	.00	.00
26. Add lines 28 and 29 of the previous column.....		.00	.00	.00
27. In column A enter the value from line 23. In columns B – D, subtract line 26 from line 25. If zero or less, enter 0.....	.00	.00	.00	.00
28. If line 27 is zero, subtract line 25 from line 26; otherwise enter 0.....		.00	.00	
29. UNDERPAYMENT: If line 22 is equal to or more than line 27, subtract line 27 from line 22. Enter the result here and go to line 24 of the next column. Otherwise, go to line 30.....	.00	.00	.00	.00
30. OVERPAYMENT: If line 27 is more than line 22, subtract line 22 from line 27. Enter the result here and go to line 24 of the next column.....	.00	.00	.00	.00

NAME	FEIN
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PART IV: Calculate the Penalty

31. Enter the date of the installment payment or the unextended due date of your annual return, whichever is earlier				
32. Enter the number of days from the due date of the installment on Part III, line 21 to the date shown on Part IV, line 31.....				
33. Enter the number of days on line 32 before 7/1/17.				
34. Enter the number of days on line 32 after 6/30/17 and before 1/1/18.....				
35. Enter the number of days on line 32 after 12/31/17 and before 7/1/18.....				
36. Enter the number of days on line 32 after 6/30/18 and before 1/1/19.....				
37. Underpayment on Part III, Line 29 x (number of days on line 33/365) x .08.....	.00	.00	.00	.00
38. Underpayment on Part III, Line 29 x (number of days on line 34/365) x .08.....	.00	.00	.00	.00
39. Underpayment on Part III, Line 29 x (number of days on line 35/365) x .08.....	.00	.00	.00	.00
40. Underpayment on Part III, Line 29 x (number of days on line 36/365) x * %.....	.00	.00	.00	.00
41. TOTAL: Add lines 37 through 40.....	.00	.00	.00	.00
42. PENALTY DUE – Add Columns A – D, line 41. Enter here and on line 6 of Part 1 and on CNF-120, line 32.....				.00

***See instructions to determine rates in effect for these periods.**

**FAKE
990T
ATTACHMENT**