

**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 _____		
<b>TAX YEAR</b>								
<b>BEGINNING</b>			<b>ENDING</b>			<input type="checkbox"/> Check if tax year is less than 12 months.		
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	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) _____	
* 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 _____ _____		SIGNED FEDERAL FORM ATTACHED (FIRST 5 PAGES) <input type="checkbox"/> 1120 <input type="checkbox"/> PROFORMA 1120 <input type="checkbox"/> 990 <input type="checkbox"/> 990T	
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.		STATE OF COMMERCIAL DOMICILE: _____	
PERSON AND PHONE NUMBER TO CONTACT CONCERNING THIS RETURN		NAME: _____ NUMBER: _____	

<b>SEPARATE ENTITY FILERS COMPLETE CNF-120APT BEFORE COMPLETING THIS RETURN (See instructions pages 9-11)</b> <b>COMBINED FILERS COMPLETE UB-4APT BEFORE COMPLETING THIS RETURN (See instructions pages 15-17)</b> (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	
<b>Wholly West Virginia corporations check here <input type="checkbox"/> and go to line 10</b>			
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) <b>COMPLETED FORM MUST BE ATTACHED</b> .....	7	•	
8. West Virginia apportioned income (line 6 multiplied by line 7).....	8	.00	

Submit Disregarded Entities Tax Return Questionnaire as a .pdf attachment.



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 <b>larger</b> than line 18 enter <b>overpayment</b> .....	26		.00
27. Amount of line 26 to be <b>credited</b> to next year's tax.....	27		.00
28. Amount of line 26 to be <b>refunded</b> (Subtract line 27 from line 26).....	28		.00
29. If line 25 is <b>smaller</b> than line 18, enter <b>tax due</b> 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. <b>TOTAL DUE</b> 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
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Paid preparer's signature	Firm's name and address	Date	Preparer's Telephone Number
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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 – <b>wholly West Virginia corporations only</b> . 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
TOTAL (Amount must agree with amount on CNF-120, line 23).....							.00



# Tax Return Questionnaire – CNF-120/SPF-100

NAME	FEIN
<b>CHECK ALL THAT APPLY</b>	
<input type="checkbox"/> Short period return <input type="checkbox"/> Change of name <input type="checkbox"/> Change of address	<input type="checkbox"/> Change of accounting period <input type="checkbox"/> Change of entity type
<b>FINAL AND/OR SHORT-PERIOD RETURN – CHECK ALL THAT APPLY</b>	
<input type="checkbox"/> Ceased operations in West Virginia <input type="checkbox"/> Change of ownership <input type="checkbox"/> Successor to previous business <input type="checkbox"/> Technical Termination	<input type="checkbox"/> Change in filing status <input type="checkbox"/> Merger <input type="checkbox"/> Other _____ <input type="checkbox"/> Taxpayer continue to file future returns under this FEIN
<b>PLEASE PROVIDE AN EXPLANATION FOR BOXES CHECKED ABOVE</b>	

1. If this is the entity's initial return or if the entity did not file a return under the same name and same federal I.D. number for the preceding year, indicate whether: (a) ☐ new WV business; (b) ☐ successor to previously existing business; or (c) ☐ was included on a WV return filed under a different FEIN. Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. Are Q-Subs included in this return? ☐ Yes ☐ No. If yes, list name and federal I.D. number of each Q-Sub and the name and FEIN of their parent. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Are disregarded entities included in this return? ☐ Yes ☐ No. If yes, list name and federal I.D. number of each disregarded entity and the name and FEIN of their parent. Please submit additional pages if required. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. (a) Was the entity a partner or member in a pass-through entity doing business in West Virginia? ☐ Yes ☐ No. If yes, list name and federal I.D. number of the pass-through entity(ies). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. (b) Was the entity doing business in West Virginia other than through its interest held in a pass-through entity doing business in West Virginia?  
☐ Yes ☐ No
  
6. Did the entity at any time during the taxable year do business in West Virginia and own 80 percent or more of the voting stock of another corporation doing business in West Virginia? ☐ Yes ☐ No. If yes, list name, address and federal I.D. number of each entity. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
7. Was 80 percent or more of the corporation's voting stock owned by any corporation doing business in West Virginia at any time of the year?  
☐ Yes ☐ No. If yes, list name, address and federal ID number of each entity. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. The federal tax return attached to this West Virginia return is: ☐ a proforma federal tax return ☐ a copy of the federal tax return filed with the Internal Revenue Service
  
9. Is the entity currently under audit by the Internal Revenue Service? ☐ Yes ☐ No  
 If yes, enter years under audit \_\_\_\_\_  
 If the Internal Revenue Service has made final and unappealable adjustments to the entity's taxable income which have not been reported to the Department, check ☐ here and file an amended return. Attach a copy of the final determination to each amended return.

**FAKE  
1120  
ATTACHMENT**

**FAKE  
K-1  
ATTACHMENT**