

SOCIAL SECURITY NUMBER	Deceased <input type="checkbox"/> Date of Death:	*SPOUSE'S SOCIAL SECURITY NUMBER	Deceased <input type="checkbox"/> Date of Death:
LAST NAME		SUFFIX	YOUR FIRST NAME
SPOUSE'S LAST NAME		SUFFIX	SPOUSE'S FIRST NAME
FIRST LINE OF ADDRESS		SECOND LINE OF ADDRESS	
CITY		STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL	EXTENDED DUE DATE MM/DD/YYYY	

- Amended return     
  Check before 4/18/22 if you wish to stop the original debit (amended return only)     
  Nonresident Special     
  Nonresident/Part-Year Resident     
  Form WV-8379 filed as an injured spouse

**FILING STATUS**  
(Check One)

1  Single

2  Head of Household

3  Married, Filing Joint

4  Married, Filing Separate  
\*Enter spouse's SS# and name in the boxes above

5  Widow(er) with dependent child

**Exemptions** (If someone can claim you as a dependent, leave box (a) blank.) Enter "1" in boxes a and b if they apply

{	Yourselves (a)	<input type="checkbox"/>
	Spouse (b)	<input type="checkbox"/>

c. List your dependents. If more than five dependents, continue on Schedule DP on page 6.

First name	Last name	Social Security Number	Date of Birth (MM DD YYYY)

d. Additional exemption if surviving spouse (see page 17) Enter total number of dependents (c)

Enter decedents SSN: \_\_\_\_\_ Year Spouse Died: \_\_\_\_\_ (d)

e. **Total Exemptions** (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below. (e)

1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-A
2. Additions to income (line 56 of Schedule M).....
3. Subtractions from income (line 48 of Schedule M).....
4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3).....
5. Low-Income Earned Income Exclusion (see worksheet on page 23).....
6. Total Exemptions as shown above on Exemption Box (e) \_\_\_\_\_ x \$2,000 .....
7. West Virginia Taxable Income (line 4 minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO .....
8. Income Tax Due (Check One) .....

1		.00
2		.00
3		.00
4		.00
5		.00
6		.00
7		.00
8		.00

- Tax Table     
  Rate Schedule     
  Nonresident/Part-year resident calculation schedule

TAX DEPT USE ONLY

PAY PLAN	COR	SCTC	NRSR	HEPTC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MUST INCLUDE WITHHOLDING FORMS WITH THIS RETURN (W-2s, 1099s, Etc.)**



PRIMARY LAST NAME SHOWN ON FORM IT-140	SOCIAL SECURITY NUMBER	<b>8.Total Taxes Due</b> (line 8 from previous page)	8	.00
9. Credits from Tax Credit Recap Schedule (see schedule on page 5 ) (now includes the Family Tax Credit)			9	.00
10. Line 8 minus 9. If line 9 is greater than line 8, enter 0			10	.00
11. Overpayment previously refunded or credited (amended return only)			11	.00
12. Penalty Due from Form IT-210 <input type="checkbox"/> CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here			12	.00
13. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 9). <input type="checkbox"/> CHECK IF NO USE TAX DUE			13	.00
14. Add lines 10 through 13. This is your total amount due			14	.00
15. West Virginia Income Tax Withheld (See instructions) <input type="checkbox"/> Check if withholding from NRSR (Nonresident Sale of Real Estate)			15	.00
16. Estimated Tax Payments and Payments with Schedule 4868			16	.00
17. Non-Family Adoption Tax Credit if applicable (include Schedule WV NFA-1)			17	.00
18. Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-A)			18	.00
19. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1)			19	.00
20. Amount paid with original return (amended return only)			20	.00
21. Payments and Refundable Credits (add lines 15 through 20)			21	.00
<b>22. Balance Due</b> (line 14 minus line 21). If Line 21 is greater than line 14, complete line 23 .... <b>PAY THIS AMOUNT</b>			22	.00
23. Line 21 minus line 14. This is your overpayment			23	.00
24. Donations of part or all of line 23. Indicate below and enter the sum of columns 24A, 24B, and 24C on Line 24			24	.00
24A. WEST VIRGINIA CHILDREN'S TRUST FUND	24B. WEST VIRGINIA DEPARTMENT OF VETERANS ASSISTANCE	24C. DONEL C. KINNARD MEMORIAL STATE VETERANS CEMETERY		
25. Amount of Overpayment to be credited to your 2022 estimated tax			25	.00
<b>26. Refund due to you</b> (line 23 minus line 24 and line 25)..... <b>REFUND</b>			26	.00

**Direct Deposit of Refund**

CHECKING  SAVINGS

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

**PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.**

I authorize the State Tax Department to discuss my return with my preparer  YES  NO

*Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of mv knowledge and belief, it is true, correct and complete.*

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Preparer: Check HERE if client is requesting that form NOT be e-filed

Preparer's EIN \_\_\_\_\_ Signature of preparer other than above \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Preparer's Printed Name \_\_\_\_\_ Preparer's Firm \_\_\_\_\_

<b>FOR REFUND, MAIL TO THIS ADDRESS:</b> WV STATE TAX DEPARTMENT P.O. BOX 1071 CHARLESTON, WV 25324-1071	<b>FOR BALANCE DUE, MAIL TO THIS ADDRESS:</b> WV STATE TAX DEPARTMENT P.O. BOX 3694 CHARLESTON, WV 25336-3694
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- Payment Options:** Returns filed with a balance of tax due may pay through any of the following methods:
- Check or Money Order payable to the WV State Tax Department - Enclose check or money order with your return.
  - Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax".
  - Credit Card Payment - May be made by visiting the Treasurer's website at: epay.wvsto.com/tax

