Schedule SB Form IT-141

WITHHOLDING FOR BENEFICIARIES AND NON-RESIDENT TAX PAID FOR WITHHOLDING

2022

ATTACH ADDITIONAL COPIES OF WITHHOLDING FOR BENEFICIARIES AS NEEDED

| NAME AND ADDRESS OF EACH BENEFICIARY | | | | | | | | | |
|--------------------------------------|---|--------------|-----------|---------------------------|---------------------------------|------------------------------------|-------------|---|----------|
| NAME | | | | STREET OR MAILING ADDRESS | | | CITY | STATE | ZIP CODE |
| 1 | | | | | | | | | |
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| so | CIAL SECURITY # WEST VIRGINIA (B) RESIDENT (C) COMP | | | | (E) ✓ IF NRW-4 PREVIOUSLY | (F) BENEFICIARY SHARE OF WV INCOME | (G) RATE | (H) TAX PAID FOR BENEFICIARIES WITHHOLDING | |
| 1 | " | (B) RESIDENT | (C) COMPO | DSITE | (D) NONRES | FILED | | 6.5% | |
| 2 | | | | | | | | 6.5% | |
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| TOTALS | | | | | | | | 6.5% | |