

| ADDITIONS:   | COLUMN I: TOTAL | COLUMN II: AMOUNT ALLOCATED<br>If this is a Simple Trust having<br>NO Taxable Income, OMIT Col. II |
|--|-----------------|--|
| 1. Interest income on state and municipal bonds, other than West Virginia .....                        |                 |  |
| 2. Lump sum distribution (Federal Form 4972) .....   |                 |  |
| 3. Federal exemption (Form 1041, line 21) .....  |                 |  |
| 4. Other additions – state nature and source .....   |                 |  |
| 5. Electing small business trust additions .....   |                 |  |
| 6. TOTAL ADDITIONS<br>(Add Lines 1 through 5, Col. II and enter here and on Page 1, Line 2).....       |                 |  |
| SUBTRACTIONS:  | COLUMN I: TOTAL | COLUMN II: AMOUNT ALLOCATED  |
| 7. Interest income on US obligations specifically exempt from state tax .....                          |                 |  |
| 8. West Virginia exemption .....   | 600.00          | 600.00   |
| 9. Other subtractions – state nature and source .....  |                 |  |
| 10. Electing small business trusts subtractions .....  |                 |  |
| 11. TOTAL SUBTRACTIONS<br>(Add Lines 7 through 10, Col. II and enter here and on Page 1, Line 3) ..... |                 |  |
| NET FIDUCIARY MODIFICATIONS  | COLUMN I: TOTAL | COLUMN II: AMOUNT ALLOCATED  |
| 12. NET FIDUCIARY MODIFICATIONS (Line 6 minus Line 11)   |                 |  |

**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 Division 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 my knowledge and belief, it is true, correct and complete.

(Signature of Fiduciary or Officer Representing Fiduciary) \_\_\_\_\_ (Date) \_\_\_\_\_ (Email) \_\_\_\_\_

|   |                               |                      |                          |
|---|-------------------------------|----------------------|--------------------------|
| <b>Paid<br/>Preparer's<br/>Use Only</b> | (Signature of Preparer) _____ | (Date) _____         |                          |
|   | (Preparer's EIN) _____        | (Printed Name) _____ | (Telephone Number) _____ |

