DUE DATE MM/DD/YYY FEIN WV ACCOUNT NUMBER HAS THE PARTNERSHIP ELECTED OUT OF THE CENTRALIZED AUDIT REGIME UNDER IRC SECTION 6221(b)? Yes NO IF NO, PROVIDE A DESIGNATION OF THE STATE PARTNERSHIP REPRESENTATIVE (OR THE FEDERAL PARTNERSHIP REPRESENTATIVE) REPRESENTATIVE FIRST NAME LAST NAME REPRESENTATIVE TIN REPRESENTATIVE US PHONE
HAS THE PARTNERSHIP ELECTED OUT OF THE CENTRALIZED AUDIT REGIME UNDER IRC SECTION 6221(b)? Yes NO IF NO, PROVIDE A DESIGNATION OF THE STATE PARTNERSHIP REPRESENTATIVE (OR THE FEDERAL PARTNERSHIP REPRESENTATIVE) REPRESENTATIVE FIRST NAME LAST NAME
UNDER IRC SECTION 6221(b)? Yes NO IF NO, PROVIDE A DESIGNATION OF THE STATE PARTNERSHIP REPRESENTATIVE (OR THE FEDERAL PARTNERSHIP REPRESENTATIVE) REPRESENTATIVE FIRST NAME LAST NAME
Yes NO IF NO, PROVIDE A DESIGNATION OF THE STATE PARTNERSHIP REPRESENTATIVE (OR THE FEDERAL PARTNERSHIP REPRESENTATIVE) REPRESENTATIVE FIRST NAME LAST NAME
Yes NO PARTNERSHIP REPRESENTATIVE (OR THE FEDERAL PARTNERSHIP REPRESENTATIVE) REPRESENTATIVE FIRST NAME LAST NAME
REPRESENTATIVE TIN REPRESENTATIVE US PHONE
REPRESENTATIVE TIN REPRESENTATIVE US PHONE
REPRESENTATIVE US ADDRESS
ENTITY S-CORPORATION PARTNERSHIP TYPE (INCLUDE 1120S) (INCLUDE 1065)
AMENDED AAR OTHER
FISCAL
CHANGE OF FILING STATUS MERGER
TECHNICAL TERMINATIONS OTHER
MULTISTATE ACTIVITY
ER DOING BUSINESS IN WV
D. ANY DISREGARDED ENTITY, INCLUDING QSUBS
CK E. ANY CONTROLLED FOREIGN CORPORATION
(A) INCOME (B) WITHHOLDING
.00
.00
.00
.00
.00
.0

6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 4 1	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 4	44 45 46 47 48 49	50 51 52 53 54	4 55 56 57 58 59 60 61 62 63 64	65 66 67 68 69 70 71 72 73 74 75 76 74 75 76	77 78 79 80	
5 NAME			F	EIN		6	
 11. Total WV withholding due (from previo 	us page)		11			.00 B	
12. Prior year carryforward credit		12			.00	9	
 13. Estimated and extension payments 		13			.00	11	
14. Total Withholding credits (see instruct		14			.00	13	
15. Payments (add lines 12 through 14; m	ust match total on Schedule C)		15			.00 15	
 16. Overpayment previously refunded or of 	credited (amended return only)		16			.00	
 17. TOTAL PAYMENTS (subtract line 16 	from line 15)		17			.00 20	
 18. Tax Due – If line 17 is smaller than line than line 11 skip to Line 22 			18			.00 21	
 ²³ ²⁴ 19. Interest for late payment 			19			.00 24	
20. Additions to tax for late filing and/or la	te payment		20			.00 26	
21. Total Due with this return (add lines 18	3 through 20)		21			.00 28	
22 22. Overpayment (Line 17 less line 11)		22			.00	30	
³³ 23. Amount of line 22 to be credited to ne	xt year's tax	23			.00	31	
24. Amount to be refunded (line 22 minus	line 23)	24			.00	33	
Direct Deposit CHECKING	S SAVINGS					35	
of Refund Please review your account inform	IATION FOR ACCURACY. INCORRECT AC PLEASE SEE PAGE 3 OF INSTRUCT		RMATION M		ACCOUNT NUMBER ETURNED PAYMENT CHARG	E. 39	
 I authorize the State Tax Department to discuss my retuined Under penalty of perjury, I declare that I have examined 		nd statements	and to the	hest of my knowledge and	helief it is true correct and cor	41 mn/ete	
						43	
Signature of Officer/Partner or Member	Print name of Officer/Partner	or Member			Date	45	
47 48 Title	Ema	il			Business Telephone	47 # 48	
						49	
Signature of paid preparer	Print name of Preparer				Date	51	
52 53							
53 Firm's name and address	Prep	arer's Email			Preparer's Telephone	e # 55	
MAKE CHECKS PAYABLE TO AND MAIL TO	: WEST VIRGINIA TAX DIVISION TAX ACCOUNT ADMINISTRATION						
59	PO BOX 11751 CHARLESTON WV 25339-1751					59 • • • • • • • • • • • • • • • • • • •	
						61	
63 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	B 5 4 2 0 2 3 0 2 W						