

WEST VIRGINIA PERSONAL INCOME TAX RETURN

Form with fields for SOCIAL SECURITY NUMBER, Deceased, Date of Death, **SPOUSE'S SOCIAL SECURITY NUMBER, SUFFIX, YOUR FIRST NAME, MI, SPOUSE'S LAST NAME, SPOUSE'S FIRST NAME, MI, FIRST LINE OF ADDRESS, SECOND LINE OF ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE NUMBER, EMAIL, EXTENDED DUE DATE MM/DD/YYYY

* ONLY INCLUDE A DECEASED TAXPAYER AND THEIR DATE OF DEATH IF IT OCCURRED IN THIS TAX YEAR. FOR THE NEXT TWO YEARS, PLEASE LIST THEM BELOW ON THE SURVIVING SPOUSE EXEMPTION.

AMENDED RETURN NONRESIDENT SPECIAL NONRESIDENT/PART YEAR RESIDENT FORM WV-8379 FI LED AS AN INJURED SPOUSE

FILING STATUS (CHECK ONE) 1 SINGLE 2 HEAD OF HOUSEHOLD 3 MARRIED, FILING JOINT 4 MARRIED, FILING SEPARATE 5 WIDOW(ER) WITH DEPENDENT CHILD

EXEMPTIONS

(a) YOURSELF To claim an exemption for yourself, enter 1. If someone can claim you as a dependent, leave box (a) blank. (a)
(b) SPOUSE To claim an exemption for your spouse, enter 1. They may not be claimed as an exemption by anyone else. (b)
(c) DEPENDENTS List your dependents. If over four dependents, continue on Schedule DP on page 49. Enter total number of dependents (c)

Table with columns: Dependent First name, Dependent Last name, Social Security Number, Date of Birth (MM DD YYYY)

(d) SURVIVING SPOUSE (See page 21) 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)

Table with 8 rows and 3 columns: Line number, Description, Amount. Includes Federal Adjusted Gross Income, Additions to income, Subtractions from income, West Virginia Adjusted Gross Income, Low-Income Earned Income Exclusion, Total Exemptions, West Virginia Taxable Income, Income Tax Due.

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



PRIMARY LAST NAME

SOCIAL SECURITY NUMBER

9. Credits from Tax Credit Recap Schedule (see schedule on page 5)	9	.00						
10. Total Income Tax Due. 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 44). <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 page 23) <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 (MUST include Schedule WV NFA-1)	17	.00						
18. Senior Citizen Tax Credit for property tax paid (MUST include Schedule SCTC-A)	18	.00						
19. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1 and Class 2 receipt)	19	.00						
20. Build WV Property Value Adjustment Refundable Tax Credit	20	.00						
21. WV Property Tax Adjustment Tax Credits (claim each separately below. Enter sum on line 21)								
<table border="1"> <tr> <td>A. MOTOR VEHICLE PROPERTY TAX</td> <td></td> <td>B. DISABLED VETERAN REAL PROPERTY TAX</td> <td></td> <td>C. SMALL BUSINESS PROPERTY TAX</td> <td></td> </tr> </table>	A. MOTOR VEHICLE PROPERTY TAX		B. DISABLED VETERAN REAL PROPERTY TAX		C. SMALL BUSINESS PROPERTY TAX		21	.00
A. MOTOR VEHICLE PROPERTY TAX		B. DISABLED VETERAN REAL PROPERTY TAX		C. SMALL BUSINESS PROPERTY TAX				
22. Amount paid with original return (amended return only)	22	.00						
23. Payments and Refundable Credits (add lines 15 through 22)	23	.00						
24. Balance Due (line 14 minus line 23). If Line 23 is greater than line 13, complete line 25 ... PAY THIS AMOUNT	24	.00						
25. Line 23 minus line 14. This is your overpayment	25	.00						
26. Enter donation amounts below and enter the sum on Line 26								
<table border="1"> <tr> <td>A. CHILDREN'S TRUST FUND</td> <td></td> <td>B. 4WV DEPT. OF VETERANS ASSISTANCE</td> <td></td> <td>C. STATE VETERANS CEMETERY</td> <td></td> </tr> </table>	A. CHILDREN'S TRUST FUND		B. 4WV DEPT. OF VETERANS ASSISTANCE		C. STATE VETERANS CEMETERY		26	.00
A. CHILDREN'S TRUST FUND		B. 4WV DEPT. OF VETERANS ASSISTANCE		C. STATE VETERANS CEMETERY				
27. Amount of Overpayment to be credited to your 2025 estimated tax.....	27	.00						
28. Refund due to you (line 25 minus line 26 and line 27)..... REFUND	28	.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 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.

Your Signature Date Spouse's Signature Date Telephone Number

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

Preparer's Printed Name Preparer's Firm

FOR REFUND, MAIL TO THIS ADDRESS: WV TAX DIVISION P.O. BOX 1071 CHARLESTON, WV 25324-1071	FOR BALANCE DUE, MAIL TO THIS ADDRESS: WV TAX DIVISION P.O. BOX 3694 CHARLESTON, WV 25336-3694
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