IT-140

WEST VIRGINIA PERSONAL INCOME TAX RETURN

2024

SOCIAL SECURITY	Deceased	**SPOUSE'S SOCIAL SECURITY	Deceased	
NUMBER	Date of Death*	NUMBER YOUR	Date of De	ath*
LAST NAME		SUFFIX FIRST NAME		MI
SPOUSE'S LAST NAME		SUFFIX SPOUSE'S FIRST NAME		MI
FIRST LINE OF ADDRESS		SECOND LINE OF ADDRESS		
CITY		STATE ZIP CODE		
TELEPHONE NUMBER	EMAIL		EXTEND DUE DA MM/DD/YY	TE
* ONLY INLCLUDE A DECEASE	D TAXPAYER AND THEIR DATE OF DEATH IF IT OCCURR	ED IN THIS TAX YEAR. FOR THE NEXT TWO YEARS, PLEAS	E LIST THEM BELOW ON THE SUF	RVIVING SPOUSE EXPEMPTION
AMENDED RETURN	NONRESIDENT SPECIAL NO	NRESIDENT/PART YEAR RESIDENT FORI	M WV-8379 FI LED AS AN INJU	JRED SPOUSE
FILING STATUS (CHECK ONE)	1 SINGLE 2 HEAD OF HOUSEHOLD	3 MARRIED, 4 MARRIED, FILING SI **Enter spouse's SS#	EPARATE and name in the boxes above	5 WIDOW(ER) WITH DEPENDENT CHILD
EXEMPTIONS				
(a) YOURSELF	To claim an exemption for yourself, ent	ter 1. If someone can claim you as a deper	ndent, leave box (a) blar	ık. (a)
(b) SPOUSE	To claim an exemption for your spouse	e, enter 1. They may not be claimed as an	exemption by anyone els	se. (b)
(c) DEPENDENTS	List your dependents. If over four depend	dents, continue on Schedule DP on page 49.	Enter total number of de	ependents (c)
Depend	dent First name	Dependent Last name So	ocial 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 a	and on line 6 below. If box e is zero, enter	\$500 on line 6 below.	(e)
			4	.00
Federal Adjusted	Gross Income or income to claim senior	citizen tax credit from Schedule SCTC-A	1	.00
2. Additions to incom	ne (line 61 of Schedule M)		2	.00
Subtractions from	income (line 52 of Schedule M)		3	.00
West Virginia Adju	usted Gross Income (line 1 plus line 2 mir	nus line 3)	4	.00
5. Low-Income Earn	ed Income Exclusion (see worksheet on	page 29)	5	.00
6. Total Exemptions	as shown above on Exemption Box (e) _	x \$2,000	6	.00
7. West Virginia Taxa	able Income (line 4 minus lines 5 & 6) IF	LESS THAN ZERO, ENTER ZERO	7	.00
8. Income Tax Due (Check One)		8	.00
Tax Table	Rate Schedule Nonreside calculatio	ent/Part-year resident n schedule		

4	PRIMARY LAST NAME SOCIAL S	ECURITY NUMBER				
6	Think that white	LOOKIT NOWBER				
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			
o 1 11.	. Overpayment previously refunded or credited (amended return only)	11	.00			
12.	Penalty Due from Form CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, ent	er here: 12	.00			
13.	. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 44).		.00			
.6	. Add lines 10 through 13. This is your total amount due		.00			
8	Check if withhold	ng from NDCD				
⁹ 15.	. West Virginia Income Tax Withheld (See instructions page 23) (Nonresident Sale of		.00			
1 16 .	Estimated Tax Payments and Payments with Schedule 4868	16	.00			
3 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)		.00			
19.	. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1 and 0	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					
	MOTOR VEHICLE DISABLED VETERAN SMALL BUSINESS PROPERTY TAX REAL PROPERTY TAX PROPERTY TAX	21	.00			
4 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			
19						
	Line 23 minus line 14. This is your overpayment	25	.00			
12	A. B. C. HILDREN'S TRUST 4WV DEPT. OF VETERANS FUND ASSISTANCE CEMETERY	26	.00			
14	TOND AGGINATE CLINETEN	26				
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			
	Refund CHECKING SAVINGS ROUTING NUMBER PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION	ACCOUNT NUMBER MAY RESULT IN A \$15.00 RETURNED PA				
	thorize the Tax Division to discuss my return with my preparer YES NO er 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, o	correct and complete.			
Your S	Signature Date Spouse's Signature	Date Tele	phone Number			
Signa	ature of preparer other than above Preparer's EIN	Date Tele	phone Number			
9 Prep	parer's Printed Name Preparer's Firm					
	FOR REFUND, MAIL TO THIS ADDRESS: FOR BALANCE DUE, MAIL TO THIS ADDRESS:					
2	WV TAX DIVISION P.O. BOX 1071 P.O. BOX 3694 CHARLESTON, WV 25324-1071 CHARLESTON, WV 25336-3694					
6 7	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 2 44 45 46 47 48 49 50 51 52 53	P 4 0 2 0 2 4 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70	0 2 W			