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|------------------------------------|----------------------|---|---|
| TAX PERIOD BEGINNING MM/DD/YYYY | ENDING MM/DD/YYYY | EXTENDED DUE DATE MM/DD/YYYY | |
| ENTITY NAME | | FEIN | WV ACCOUNT NUMBER |
| MAILING ADDRESS | | HAS THE PARTNERSHIP ELECTED OUT OF THE CENTRALIZED AUDIT REGIME UNDER IRC SECTION 6221(b)? <input type="checkbox"/> Yes <input type="checkbox"/> NO IF NO, PROVIDE A DESIGNATION OF THE STATE PARTNERSHIP REPRESENTATIVE (OR THE FEDERAL PARTNERSHIP REPRESENTATIVE) | |
| CITY | STATE | ZIP | REPRESENTATIVE FIRST NAME LAST NAME |
| STATE OF DOMICILE | NAICS | <input type="checkbox"/> CHANGE OF ADDRESS | REPRESENTATIVE TIN REPRESENTATIVE US PHONE |
| CONTACT FIRST NAME | CONTACT LAST NAME | | REPRESENTATIVE US ADDRESS |
| CONTACT PHONE | CONTACT EMAIL | | |

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|---|---|
| CHECK ALL APPLICABLE BOXES | 1) ENTITY TYPE <input type="checkbox"/> S-CORPORATION (INCLUDE 1120S) <input type="checkbox"/> PARTNERSHIP (INCLUDE 1065) |
| 2) RETURN TYPE <input type="checkbox"/> ANNUAL <input type="checkbox"/> INITIAL <input type="checkbox"/> FINAL <input type="checkbox"/> AMENDED <input type="checkbox"/> AAR <input type="checkbox"/> OTHER <input type="checkbox"/> 52/53 WEEK FILER DAY OF WEEK ENDING _____ <input type="checkbox"/> FISCAL | |
| 3) IF FINAL/SHORT/INITIAL RETURN <input type="checkbox"/> CEASED OPERATIONS IN WV <input type="checkbox"/> CHANGE OF OWNERSHIP <input type="checkbox"/> CHANGE OF FILING STATUS <input type="checkbox"/> MERGER <input type="checkbox"/> SUCCESSOR FEIN OF PREDECESSOR: _____ <input type="checkbox"/> TECHNICAL TERMINATIONS <input type="checkbox"/> OTHER _____ | |
| 4) ACTIVITY DESCRIPTION: <input type="checkbox"/> WHOLLY WV ACTIVITY (WV ACTIVITY ONLY) <input type="checkbox"/> MULTISTATE ACTIVITY | |
| 5) REPORTABLE ENTITIES (ALL ENTITIES MUST BE INCLUDED ON SCHEDULE D): <input type="checkbox"/> A. ANY PTE YOU ARE A PARTNER, MEMBER, OR SHAREHOLDER DOING BUSINESS IN WV <input type="checkbox"/> B. ANY ENTITY YOU OWN 80% OF VOTING STOCK <input type="checkbox"/> D. ANY DISREGARDED ENTITY, INCLUDING QSUBS <input type="checkbox"/> C. ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK <input type="checkbox"/> E. ANY CONTROLLED FOREIGN CORPORATION | |
| | (A) INCOME (B) WITHHOLDING |
| 6) WV DISTRIBUTIVE INCOME OF RESIDENTS..... | .00 |
| 7) WV DISTRIBUTIVE INCOME OF NONRESIDENTS FILING ON A NONRESIDENT COMPOSITE TAX RETURN AND WITHHOLDING DUE (SCHEDULE SP, COLUMN F)..... | .00 .00 |
| 8) WV DISTRIBUTIVE INCOME OF NONRESIDENTS SUBJECT TO WV WITHHOLDING THAT ARE NOT FILING A NONRESIDENT COMPOSITE TAX RETURN AND WITHHOLDING DUE (SCHEDULE SP, COLUMN G)..... | .00 .00 |
| 9) WV DISTRIBUTIVE INCOME OF NONRESIDENTS WHO HAVE ATTESTED ON A NRW-4 THAT THEY WILL FILE AND PAY WV INCOME TAX DIRECTLY OR ARE TAX EXEMPT ENTITIES..... | .00 |
| 10) TOTAL WV INCOME (SUM OF LINE 6 THROUGH 9, MUST MATCH SCHEDULE A, LINE 13)..... | .00 |
| 11) TOTAL WV WITHHOLDING DUE (LINE 7 PLUS LINE 8)..... | .00 |



NAME FEIN

Table with 26 rows and 4 columns. Rows include: 11. Total WV withholding due (from previous page) .00; 12. Prior year carryforward credit .00; 13. Estimated and extension payments .00; 14. Total Withholding (see instructions) .00; 15. WV Property Tax Motor Vehicle Credit .00; 16. WV Property Tax Small Business Credit .00; 17. Payments and refundable credit (add lines 12 through 16) .00; 18. Overpayment previously refunded or credited (amended return only) .00; 19. TOTAL PAYMENTS (subtract line 18 from line 17) .00; 20. Tax Due - If line 19 is smaller than line 11, enter amount owed. If line 19 is larger than line 11 skip to Line 23 .00; 21. Interest for late payment .00; 22. Additions to tax for late filing and/or late payment .00; 23. Total Due with this return (add lines 20 through 22) .00; 24. Overpayment (Line 19 less line 11) .00; 25. Amount of line 24 to be credited to next year's tax .00; 26. Amount to be refunded (line 24 minus line 25) .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. PLEASE SEE PAGE 3 OF INSTRUCTIONS FOR PAYMENT OPTIONS.

I authorize the State Tax Department 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 Officer/Partner or Member Print name of Officer/Partner or Member Date

Title Email Business Telephone #

Signature of paid preparer Print name of Preparer Date

Firm's name and address Preparer's Email Preparer's Telephone #

MAKE CHECKS PAYABLE TO AND MAIL TO: WEST VIRGINIA TAX DIVISION TAX ACCOUNT ADMINISTRATION PO BOX 11751 CHARLESTON WV 25339-1751

