

Estate or Trust Name	FEIN
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Trustee Executor Name

First Line of Address	Second Line of Address

City	State	Zip code	-	

Filing Period Ended	MM	DD	YYYY	Extended Due Date	MM	DD	YYYY	Fiscal Year Filer <input type="checkbox"/>
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Check if Applicable: <input type="checkbox"/> Final <input type="checkbox"/> Amended	Check one: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
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Type of Entity: <input type="checkbox"/> Simple Trust <input type="checkbox"/> Decedent's Estate <input type="checkbox"/> Qualified Funeral Trust <input type="checkbox"/> Complex Trust	<input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Type Trust <input type="checkbox"/> Qualified Funeral Trust Composite
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Decedent Info:	Date of Death: <input type="text"/> / <input type="text"/> / <input type="text"/>	SSN: _____	Final Individual Return Filed for Decedent <input type="checkbox"/>
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1. Federal taxable income (enter line 22, Federal Form 1041 or line 12, 1041-QFT).....	1	.00
2. West Virginia fiduciary additions (Schedule B, line 6).....	2	.00
3. West Virginia fiduciary subtractions (Schedule B, line 11).....	3	.00
4. West Virginia taxable income (sum of lines 1 and 2 minus line 3).....	4	.00

IF THIS IS A SIMPLE TRUST HAVING NO TAXABLE INCOME, OMIT LINES 5-7

5. West Virginia tax (check one) <input type="checkbox"/> Rate Schedule <input type="checkbox"/> Schedule NR.....	5	.00
6. Credits from Tax Credit Recap Schedule (see schedule page 4).....	6	.00
7. Adjusted tax due (line 5 minus line 6).....	7	.00
8. Non-resident income subject to tax (total of Schedule A, column F).....	8	.00
9. West Virginia income tax paid for non-resident beneficiaries (total of Schedule A, Column H).....	9	.00
10. Combined tax due (sum of lines 7 and 9).....	10	.00
11. West Virginia fiduciary income tax withheld (See Instructions) <input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NON RESIDENT SALE OF REAL ESTATE).....	11	.00
12. Estimated payments/payments with extension of time.....	12	.00
13. Paid with original return (amended return only).....	13	.00
14. Overpayment previously refunded or credited (amended return only).....	14	.00
15. Total payments (sum of lines 11, 12, and 13 minus line 14).....	15	.00
16. Balance of tax due (line 10 minus line 15).....	16	.00
17. Overpayment (if line 15 is larger than line 10, enter amount).....	17	.00
18. Amount of line 17 to be credited to next year's tax.....	18	.00
19. Amount to be refunded (line 17 minus line 18).....	19	.00

IRC § 671-678 Grantor Trust Election



Estate or Trust Name

FEIN

SCHEDULE A – BENEFICIARY INFORMATION AND NON-RESIDENT TAX PAID FOR WITHHOLDING
ATTACH ADDITIONAL COPIES OF SCHEDULE AS NEEDED

NAME AND ADDRESS OF EACH BENEFICIARY				
NAME	STREET OR OTHER MAILING ADDRESS	CITY	STATE	ZIP CODE
1.				
2.				
3.				
4.				
5.				

(A) SOCIAL SECURITY #	✓ WEST VIRGINIA FILING METHOD			✓ (E) IF NRW-4 PREVIOUSLY FILED	(F) BENEFICIARY SHARE OF WV INCOME	(G) RATE	(H) TAX PAID FOR BENEFICIARIES WITHHOLDING
	(B) RESIDENT	(C) COMPOSITE	(D) NONRES				
1.						6.5%	
2.						6.5%	
3.						6.5%	
4.						6.5%	
5.						6.5%	
6. TOTALS						6.5%	

SCHEDULE B – WEST VIRGINIA FIDUCIARY MODIFICATIONS ADDITIONS:

- Interest income on state and municipal bonds, other than West Virginia.....
- Lump sum distribution (Federal Form 4972).....
- Federal exemption (Form 1041, line 20).....
- Other additions – state nature and source _____
- Electing small business trust additions.....
- Total additions (add lines 1 through 5, col. II and enter here and on page 1, line 2).....

SUBTRACTIONS:

- Interest income on US obligations specifically exempt from state tax.....
- West Virginia exemption.....
- Other subtractions – state nature and source _____
- Electing small business trusts subtractions.....
- Total subtractions (add lines 7 through 10, col. II and enter here and on page 1, line 3).....
- Net fiduciary modifications (line 6 minus line 11).....

COLUMN I TOTAL	➔	COLUMN II AMOUNT ALLOCATED
600.00	If this is a Simple Trust having NO Taxable Income, OMIT Col. II	600.00

Direct Deposit of Refund CHECKING SAVINGS

ROUTING NUMBER ACCOUNT NUMBER

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. PROVIDING INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.

Under penalties 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. I authorize the State Tax Department to discuss my return with my preparer. YES NO

(Signature of Fiduciary or Officer Representing Fiduciary) (Date)

Paid Preparer's Use Only	(Signature of Preparer)	(Date)
	(Firm's Name)	(Telephone Number)
	(Address & ZIP Code)	



NRW-2

REV 7-14

From SP

Statement of West Virginia Income Tax Withheld for Nonresident Individual or Organization

Read Instructions

ORGANIZATION NAME AND MAILING ADDRESS			NONRESIDENT'S NAME AND MAILING ADDRESS		
Name (please type or print) NICHOLAS LACAILLADE			Name (please type or print) NICHOLAS LACAILLADE		
Street or Post Office Box 282 BEACON STREET			Street or Post Office Box 282 BEACON STREET		
City/Town BOSTON	State MA	Zip Code 02116	City/Town BOSTON	State MA	Zip Code 02116
West Virginia Identification Number	Federal Identification Number		Social Security Number	West Virginia Identification Number	
Check One: <input checked="" type="checkbox"/> Trust <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company			1. Income subject to withholding for nonresident as reported on organization's S Corporation, Partnership or Fiduciary Return	\$ 20,000.00	
			2. Amount of West Virginia income tax withheld and refunded (see instructions).....	\$ 2,000.00	
Taxable Year of Organization					
Beginning			Ending		
01	01	2017	12	31	2017
MM	DD	YYYY	MM	DD	YYYY

TO BE FILED IN THE ABSENCE OF FORM WV/NRW-4, WEST VIRGINIA NONRESIDENT INCOME TAX AGREEMENT