IT-140 REV 8-17 We	est Virginia Per	rsona	l Incor	ne Tax	k Re	turn	20	17
Extended Due Date MM DD	Check box ONLY if you are a Year End fiscal year filer					DD		YYYY
SOCIAL SECURITY NUMBER	Deceased Prime *SPOUSE'S SOCIAL SECURITY NUMBER						Dec Spo	eased use
Date of Death							Date	of Death
Last Name Suffix			Your First Name				MI	
Spouse's Last Name – Only if different from Last Name above Suffix			Spouse's First Name					MI
				acond Li-	ne of Address			
First Line of Address Sec								
City State Zip C					Code			
Telephone Number: Amended Check before 4/17/ original debit (ame Filing Status (Check One)	Exemptions: (If someone ca box (a) blank.) c. List your dependents. If more thar	) n five depender	u as a depend	instructions o dent, leave Schedule DP.	Resident <i>n Page</i> 7 Enter "1" and b if th	in boxes a {	Form WV-8379 injured spouse Yourself (a) Spouse (b)	)
1 Single	First name	First name Last name Social Secu				iber Date o	f Birth (MM DD	YYYY)
2 Head of Household								
3 Married, Filing Joint								
4 Married, Filing Separate *Enter spouse's SS# and name in the boxes above								
5 Widow(er) with						nter total number of dependents (c)		
dependent child	Enter 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)							
1 Eederal Adjusted Gross Income								.00
<ol> <li>Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-1</li> <li>Additions to income (line 38 of Schedule M)</li> </ol>								.00
<ol> <li>Subtractions from income (line 55 of Schedule M)</li> </ol>					-			.00
4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3)								.00
5. Low-Income Earned Income Exclusion (see worksheet on page 24)					. 5			.00
6. Total Exemptions as shown above on Exemption Box (e) x \$2,000					6			.00
7. West Virginia Taxable Income (line 4, minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO					. 7			.00
8. Income Tax Due (Check One)					. 8			.00
9. Family Tax Credit if applicable (see required schedule on page 46)					. 9			.00
10. Total Taxes Due (line 8 minus line 9)					10			.00
TAX DEPT USE	ONLY							





	40	
10. Total Taxes Due (from previous page)	10	.00
11. West Virginia Income Tax Withheld (SEE INSTRUCTIONS) CHECK HERE IF WITHHOLDING IS FROM NRSR		
(NONRESIDENT SALE OF REAL ESTATE)	11	.00
12. Estimated Tax Payments and Payments with Schedule L	12	.00
13. Senior Citizen Tax Credit for property tax paid from Schedule SCTC-1	13	.00
14. Homestead Excess Property Tax Credit for property tax paid from Schedule HEPTC-1	14	.00
15. Credits from Tax Credit Recap Schedule (see schedule on page 10)	15	.00
16. Amount paid with original return (amended return only)	16	.00
17. Payments and Credits (add lines 11 through 16)	17	.00
18. Overpayment previously refunded or credited (amended return only)	18	.00
19. Total payments and credits (line 17 minus line 18)	19	.00
20. Penalty Due from Form IT-210. CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here	20	.00
21. Subtract line 20 from line 19 and enter total, (if line 20 is larger, subtract 19 from 20 add to line 10 and enter on line 22)	21	.00
22. Balance of Income Tax Due (line 10 minus line 21). If line 21 is greater than line 10, skip to line 23	22	.00
23. If line 21 is greater than line 10, subtract line 10 from line 21. This is your income tax overpayment	23	.00
24. West Virginia Use Tax Due on out-of-state purchases (see Schedule UT on page 39). If this amount is greater than line 23, go on to line 25. If this amount is less than line 23, skip to line 26 CHECK IF NO USE TAX DUE.	24	.00
25. Subtract line 23 from line 24 and add line 22, this is the total balance of tax due	25	.00
26. Subtract line 24 from line 23, this is your total overpayment	26	.00
	27	.00
28. West Virginia Children's Trust Fund to help prevent child abuse and neglect.		
Enter the amount of your contribution \$5 \$25 \$\$ \$100 \$\$ Other \$	28	.00
29. Deductions from your overpayment (Add lines 27 and 28)	29	.00
30. Refund due you (subtract line 29 from line 26)	30	.00
31. Total amount due the State (line 25 plus line 28) PAY THIS AMOUNT	31	.00
Direct Deposit CHECKING SAVINGS ROUTING NUMBER PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. PROVIDING INCORRECT RESULT IN A \$15.00 RETURNED PAYMENT CHARGE. Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, a belief, it is true, correct and complete. I authorize the State Tax Department to discuss my return with my preparer	A AC	CCOUNT NUMBER
Your Signature Date Spouse's Signature Date		Telephone Number
REFUND		Telephone Number
Preparer's EIN Frequesting that form NOT be e-filed WV State Tax Departmen Preparer's EIN Form NOT be e-filed Charleston, WV 25324-107		WV State Tax Department P.O. Box 3694 Charleston, WV 25336-3694

- Check or Money Order If you filed a paper return, enclose your check or money order with your return. If you electronically filed, mail your check or money order with the payment voucher IT-140V that is provided to you after the submission of your tax return.
- Electronic Funds Transfer If you electronically filed your return, your tax payment may be automatically deducted from your checking account. You may elect to authorize the withdrawal to occur at the time the return is filed or delay payment any time between filing and due date of <u>April 17, 2018</u>.
- Payment by credit card Payments may be made using your Visa® Card, Discover® Card, American Express® Card or MasterCard®. Visit tax.wv.gov.

