PRIMARY LAST NAME	
SHOWN ON FORM	

SOCIAL				
SECURITY				
NUMBER				

AMENDED RETURN INFORMATION

If you are using this form to file an amended return, provide an explanation of the changes made in the space below. Enclose all supporting forms and schedules for items changed. If you were required to file an amended federal return (Form 1040X), you must enclose a copy of that return. Be sure to include your name and social security number on any enclosures.						
	QUEST FOR WAIVER OF					
If you are subject to the underpayment penalty, all or part of the penalty will be waived if the West Virginia State Tax Department determines that: 1. The penalty was caused by reason of casualty or disaster; 2. The penalty was caused by unusual circumstances which makes imposing the penalty unfair or inequitable. To request a waiver, please write the reason(s) a waiver is being requested on the lines below. Attach a separate page if more space is needed. Please sign and date your request. If you have documentation substantiating your statement, enclose a copy. The Department will notify you if your request for waiver was not approved.						
SCHEDULE DP (FORM IT-140)	Schedule of Addition	nal Dependent	s 20 17			
PRIMARY LAST NAME SHOWN ON FORM IT-140		SOCIAL SECURITY NUMBER				
Use this schedule to continue listing dep West Virginia State Tax Department's we	pendents. If space is needed for more the ebsite: tax.wv.gov.	an 15 dependents, a copy of this f	orm may be obtained from the			
First Name	Last Name	Social Security Number	Date of Birth (MM DD YYYY)			