# **SPF-100**REV 8-16

# West Virginia Income Tax Return S Corporation & Partnership (Pass-Through Entity)



| FEIN EXTENDED DUE DATE  |  |                     |  |                     | 52/53 WEEK FIL<br>Day of week end |                 |                        |              |
|---|--|---------------------|--|---------------------|-----------------------------------|-----------------|------------------------|--------------|
| TAX YEAR  |  |                     |  |                     |                                   |                 |                        |              |
|   |  |                     | IAA  |                     |                                   |                 |                        |              |
| BEGINNING   |  |                     |  | ENDING              |                                   |                 |                        |              |
|   | ММ   | DD                  | YYYY   |                     |                                   | ММ              | DD                     | YYYY         |
| Business Name   |  |                     |  |                     |                                   |                 | Mark here for address. | or change of |
|   |  |                     |  |                     |                                   |                 |                        |              |
|   | First Line of  | of Address          |  |                     | ,                                 | Second Lin      | e of Address           |              |
|   |  |                     |  |                     |                                   |                 |                        |              |
|   | Ci   | ity                 |  | State               |                                   |                 | Zip code               |              |
|   |  |                     |  |                     |                                   |                 |                        |              |
| Pri   | ncipal Place of Bus  | iness in West Virgi | nia  |                     | Ty                                | ype of Activity | in West Virginia       |              |
|   |  |                     | CHECK APPLI  | CABLE BOXES         |                                   |                 |                        |              |
|   | TYPE OF ENTITY:  |                     | TYPE OF  | RETURN:             |                                   |                 | FEDERAL RETURN ATT     | ACHED:       |
| S CORPORA   | ATION PAR  | RTNERSHIP           | INITIAL FI   | NAL AMEN            | DED                               |                 | 1120S                  | 1065         |
| Are disregarded e   | entities included in t   | this return? 🔲 YE   | S NO If  | YES, complete the T | ax Re                             | eturn Questio   | nnaire on page 13.     |              |
| DEDSON AND DHO  | ONE NUMBER TO CO   | NITACT              |  |                     | 1                                 |                 |                        |              |
|   | PERSON AND PHONE NUMBER TO CONTACT CONCERNING THIS RETURN  NAME:   |                     |  |                     |                                   | NUMBER:         |                        |              |
| N   | ONRESIDENT W   | ITHHOLDING -        | COMPLETE SCH   | IEDULE SP BEFO      | ORE (                             | COMPLETI        | NG THIS SECTION        | ON           |
|   |  |                     |  |                     | S                                 | Sum of 1 th     | hrough 4 must          | equal 100%   |
| 1 Percent of WV   | residents filing Per   | sonal Income Tax I  | Returns (from Sche                                   | dule SP Column C)   | 1                                 |                 | •                      |              |
| 2. Percent of non   | residents filing on N  | Nonresident Compo   | osite tax return.                                    | ·                   |                                   |                 |                        |              |
|   |  |                     | nitting payment for a<br>n ( <i>from Schedule SF</i> |                     | 2                                 |                 | •                      |              |
| NRW-4's. PTE  | Percent of nonresidents filing personal income tax returns that have NOT submitted NRW-4's. PTE account is responsible for withholding and submitting payment for all nonresidents who have NOT filed a NRW-4 (from Schedule SP, Column E) |                     |  |                     |                                   | •               |                        |              |
| 4. Percent of nonresidents filing WV Personal Income Tax Returns that have submitted NRW-4's (from Schedule SP, Column F)                                   |  |                     |  |                     | •                                 |                 |                        |              |
| 5. Total WV Income, from Schedule A line 10 if a partnership or from Schedule A line 12 if a S corp (must match Schedule SP, Column G)                      |  |                     |  |                     |                                   |                 | .00                    |              |
| 6. Income tax withheld for nonresident shareholders/partners electing to file on a Nonresident Composite return ( <i>must equal Schedule SP, Column I</i> ) |  |                     |  |                     |                                   | .00             |                        |              |
|   | 7. Income tax withheld for nonresident shareholders/partners electing to file a WV Personal Income Tax return (must equal Schedule SP, Column K)   |                     |  |                     |                                   |                 | .00                    |              |
| Total tax amount withheld as reported on Schedule SP (add line 6 and line 7)  |  |                     |  |                     | 8                                 |                 | .00                    |              |

Continued on the next page...



| FI   | EIN  |           |             |      |         |                             |
|--|--|-----------|-------------|------|---------|-----------------------------|
| 8.   | Total SP-withholdings due (from previous page)   |           |             | 8    |         | .00                         |
| 9.   | Prior year carryforward credit   | 9         |             |      | .00     |                             |
| 10   | ). Estimated and Extension payments  | 10        |             |      | .00     |                             |
| 11   | . Total Withholding credits (See Instructions) CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE)  | 11        |             | .00  |         |                             |
| 12   | 2. Amount paid with original return (Amended Return Only)  | 12        |             |      | .00     |                             |
| 13   | 3. Payments (add lines 9 through 12) Must match total on the Schedule of Tax I   | Paymen    | ts          | 13   |         | .00                         |
| 14   | I. Overpayment previously refunded or credited (Amended Return Only)   |           |             | 14   |         | .00                         |
| 15   | 5. Total payments (line 13 minus line 14)  |           |             | 15   |         | .00                         |
| 16   | S. Tax Due – If line 15 is smaller than line 8, enter amount owed. If line 15 is lar Line 20   | -         | •           | 16   |         | .00                         |
| 17   | 7. Interest for late payment   |           |             | 17   |         | .00                         |
| 18. Additions to tax for late filing and/or late payment |  |           |             | 18   |         | .00                         |
| 19   | 9. Total Due with this return (add lines 16 through 18) Make check payable to West Virginia Stat   | te Tax De | partment    | 19   |         | .00                         |
| 20   | ). Overpayment (line 15 less line 8)   | 20        |             |      | .00     |                             |
| 21   | . Amount of line 20 to be credited to next year's tax  | 21        |             | .00  |         |                             |
| 22   | 2. Amount to be refunded (line 20 minus line 21)   | 22        |             |      | .00     |                             |
| De   | rect eposit Refund  CHECKING SAVINGS   |           |             |      |         |                             |
| PI   | ROUTING<br>LEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY  |           |             | RECT |         | IT NUMBER<br>NFORMATION MAY |
|  | RESULT IN A \$15.00 RETURNE  | D PAY     | MENT CHARGE | ≣.   |         |                             |
|  | <b>yment Options</b><br>turns filed with a balance of tax due may use any of the following payment option  | ons:      |             |      |         |                             |
| •  | Check or Money Order – If you filed a paper return, enclose your check or money order with the payment voucher SPF-100V that is provided to you after                | oney or   |             |      |         | filed, mail your check o    |
| •  | Electronic Funds Transfer - If you electronically filed your return, your tax pay may elect to authorize the withdrawal to occur at the time the return is filed o   |           |             |      |         |                             |
| •  | Payment by credit card – Payments may be made using your Visa® Card, Disc  |           | •           |      | •       |                             |
|  | der penalties of perjury, I declare that I have examined this return, accompanyi ief, it is true, correct and complete. I authorize the State Tax Department to disc | -         |             |      |         | f my knowledge and<br>NO    |
|  | Signature of Officer/Partner or Member Print name of Officer/Partner or Member Title   |           | Date        |      | Busines | ss Telephone Number         |
|  | Paid preparer's signature Firm's name and address  |           | Date        |      | Prenare | er's Telenhone Number       |

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT TAX ACCOUNT ADMINISTRATION DIVISION PO BOX 11751 CHARLESTON WV 25339-1751



### Income/Loss Modifications to Federal Partnership Income

2016

| SCHEDULE A – INCOME/LOSS   |             |     |
|--|-------------|-----|
| I. Income/Loss: S corporation use Federal Form 1120S; Partnership use Federal Form 1065  | 1           | .00 |
| 2. Other income: S corporation use Federal Form 1120S, Schedule K.; Partnership use Federal Form 1065, Schedule K 3. Other expenses/deductions: S corporation use Federal Form 1120S, Schedule K; Partnership use Federal Form 1065,   | 2           | .00 |
| Schedule K   | 3           | .00 |
| 4. TOTAL FEDERAL INCOME: Add lines 1 and 2 minus line 3 – Attach federal return  | 4           | .00 |
| 5. Net modifications to federal income: for S Corporation, Schedule A-2, line 26 for Partnership from Schedule A-1, line 13 6. Modified federal S Corporation/Partnership income (sum of lines 4 & 5). Wholly WV S Corporation go to line 12;  | 5           | .00 |
| multistate S Corporation go to line 7. Wholly WV Partnership enter this amount on line 10; multistate Partnership enter this amount on line 8  | 6           | .00 |
| Column 3, Line 8   | 7           | .00 |
| 8. Income subject to apportionment (line 6 less line 7)  | 8           | .00 |
| 9. West Virginia apportionment factor (Round to 6 decimal places) from SPF-100APT Schedule B, Part 1, line 8; or, if applicable, from SPF-100APT Schedule B, Part 2, Column 3; or APT Schedule B, Part 3, Column 3   |             |     |
| 10. Wholly WV Partnerships enter amount from line 6. Multistate S Corporation/Partnership's apportioned income (line 8 multiplied by line 9). Multistate S Corporations only – complete lines 11 and 12. All S Corporations and Partnerships must complete Schedule SP and submit with return. | . 10        | .00 |
| 11. S CORPORATION ONLY: Nonbusiness income allocated to West Virginia. From Form SPF-100APT, Schedule A-2, line 12   | . 11        | .00 |
| 12. West Virginia income (wholly WV S Corporations enter amount from line 6; multistate S Corporations add lines 10 and line 11). You must complete Schedule SP  |             | .00 |
| SCHEDULE A-1 – MODIFICATIONS TO FEDERAL PARTNERSH  | IIP INCOME  |     |
| INCREASING  1. Interest income from obligations or securities of any state, or political subdivision other than WV that was deducted on  |             |     |
| your federal return  | . 1         | .00 |
| expenses not deducted on federal return  | . 2         | .00 |
| Interest expenses deducted on your federal return on indebtedness to purchase or carry securities exempt from West Virginia income tax   | . 3         | .00 |
| 4. Other. Describe other:  | . 4         | .00 |
| Total increasing modifications – Add lines 1 through 4   | . 5         | .00 |
| DECREASING 6. Interest or dividends from obligations or securities of any state, or political subdivision, included on your federal return   | <del></del> |     |
| but exempt from state tax  | . 6         | .00 |
| 7. US Government obligation interest or dividends subject to federal but exempt from state tax, less related expenses deducted on your federal return  | . 7         | .00 |
| 8. Refund or credit of income taxes or taxes based upon income, imposed by WV or any other jurisdiction, included on your federal return   | 8           | .00 |
| 9. Other. Describe other:  | 9           | .00 |
| 10. Subtotal of decreasing adjustments (add lines 6 through 9)   |             | .00 |
| 11. Allowance for governmental obligations/obligations secured by residential property (from schedule A-3, line 9)   |             | .00 |
| 12. Total decreasing adjustments (add lines 10 and 11)   | 12          | .00 |
| NET  | 1 1         |     |
| 13. Net modifications to federal partnership income – line 5 less line 12. Enter here and on Schedule. A, Line 5. If the result is negative, enter here and on Schedule A, line 5 as a negative number   | 13          | 00  |



# **A-2** (FORM SPF-100)

# Modifications to Federal S Corporation Income 2016

| FFINE |  |
|-------|--|
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|       |  |

| INCREASING  |       |      |
|---|-------|------|
| Interest or dividends on obligations or securities from any state or a political subdivision  | . 1   | .00. |
| U.S. Government obligation interest or dividends not exempt from state tax, less related expenses not deducted on federal return  | 2     | .00  |
| 3. Taxes based upon net income, imposed by West Virginia or any other jurisdiction, deducted or your federal return   | 1 4 1 | .00  |
| 4. Federal depreciation/amortization for WV water/air pollution control facilities – <b>WHOLLY WV CORPORATIONS ONLY</b> (Multistate S Corporations must use SPF-100APT, Schedule A-2)                     | 4     | .00  |
| 5. Unrelated business taxable income of a corporation exempt from federal tax (IRC 512)   | 5     | .00  |
| 6. Federal deduction for charitable contributions to Neighborhood Investment Programs if claiming the WV Neighborhood Investment Programs Tax Credit  | 6     | .00  |
| 7. Operating loss from sources outside the US   | 7     | .00  |
| Foreign taxes deducted on your federal return   | 8     | .00  |
| 9. Deduction taken under IRC 199 (WV Code §11-24-6a)  | 9     | .00  |
| 10. Add back for expenses related to certain REIT's and regulated Investment Companies (WV Code §11-24-4b)  | 10    | .00  |
| 11. Other. Describe other:  | . 11  | .00  |
| 12. TOTAL INCREASING ADJUSTMENTS (add lines 1 through 11)   | . 12  | .00  |
| DECREASING  |       |      |
| 13. Refund or credit of overpayment of taxes based upon net income, imposed by WV or any othe jurisdiction, included in federal taxable income  |       | .00  |
| 14. Interest expense on obligations or securities of any state or its political subdivisions disallowed in determining federal taxable income   | 1 1   | .00  |
| 15. US Government obligation interest or dividends subject to federal but exempt from state tax, less related expenses deducted on your federal return  | 15    | .00  |
| 16. Salary expense not allowed on federal return due to claiming the federal jobs credit  | 16    | .00  |
| 17. Foreign dividend gross-up (IRC Section 78)  | 17    | .00  |
| 18. Subpart F income (IRC Section 951)  | . 18  | .00  |
| 19. Taxable income from sources outside the United States   | 19    | .00  |
| 20. Cost of WV water/air pollution control facilities – wholly WV only (Multistate S Corporations must use SPF-100APT, Schedule A-2)  | 20    | .00  |
| 21. Employer contributions to medical savings accounts (WV Code §33-16-15) included in federal taxable income less amounts withdrawn for non-medical purposes   |       | .00  |
| 22. Other. Describe other:  | 22    | .00  |
| 23. SUBTOTAL of decreasing adjustments – (add lines 13 through 22)  | 23    | .00  |
| 24. Allowance for governmental obligation/obligations secured by residential property (from Schedule A-3, line 9)   | 24    | .00  |
| 25. TOTAL DECREASING ADJUSTMENTS (add lines 23 and 24)  | 25    | .00  |
| NET   |       |      |
| 26. Net modifications to Federal S corporation Income (line 12 less line 25). Enter here and on Schedule A, line 5. If the result is negative, enter here and on Schedule A, line 5 as a negative number. |       | .00  |



# **SPF-100** REV 8-16

# Schedule A-3 and Schedule of Tax Payments



| FFIN   |  |
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| SCHEDULE A-3 – ALLOWANCE FOR GOVERNMENTAL OBLIGATION RESIDENTIAL PROPERTY (§11-24-0   |   |                                       |
|---|---|---------------------------------------|
| Federal obligations and securities  | 1 | .00                                   |
| 2. Obligations of WV and political subdivisions of WV   | 2 | .00                                   |
| 3. Investments or loans primarily secured by mortgages or deeds of trust on residential property located in WV  | 3 | .00                                   |
| Loans primarily secured by a lien or security agreement on a mobile home or double-wide located in WV   | 4 | .00                                   |
| 5. TOTAL (add lines 1 through 4)  | 5 | .00                                   |
| 6. Total assets as shown on Schedule L, Federal Form 1120S or Federal Form 1065   | 6 | .00                                   |
| 7. Line 5 divided by line 6 (round to 6 decimal places)   |   | COMPLETED SCHEDULE B MUST BE ATTACHED |
| 8. <b>ADJUSTED INCOME</b> . For S corps, add Schedule A, line 4 and Schedule A-2 line 12 minus Schedule A-2 line 23 plus total from Form SPF-100APT, Schedule A-2, lines 9, 10, and 11. For partnerships, add Schedule A line 4 and Schedule A-1, line 5 minus Schedule A-1 line 10 | 8 | .00                                   |
| 9. ALLOWANCE (line 7 x line 8, disregard sign) Enter here and on Schedule A-2 Line 24 for S corporations or on Schedule A-1, line 11 for partnerships   | 9 | .00                                   |

|                             | SCHEDULE OF TAX PAYMENTS |                 |    |      |  |                                    |                   |
|-----------------------------|--------------------------|-----------------|----|------|--|------------------------------------|-------------------|
| Name of business            | West Virginia Account    | Date of Payment |    | ate  | Type: withholding, estimated, extension, | Amount of novment                  |                   |
| Name of business            | Identification Number    | MM              | DD | YYYY | Indicate<br>EFT                          | other pmts or prior<br>year credit | Amount of payment |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00               |
|                             |                          |                 |    |      |  |                                    | .00.              |
|                             |                          |                 |    |      |  |                                    | .00.              |
|                             |                          |                 |    |      |  |                                    | .00.              |
| TOTAL (This amount must agr | .00                      |                 |    |      |  |                                    |                   |

# Schedule of Business Capital



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|----------|--|
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| 1 1111   |  |
|          |  |
|          |  |

| CALCULATION O  | F WEST VIRGINIA BU                 | SINESS CAPITAL (§1         | 1-23-3(b)(2))  |
|--|------------------------------------|----------------------------|--|
|  | Column 1<br>Beginning Balance      | Column 2<br>Ending Balance | Column 3 – Average<br>(Col. 1 + Col. 2) divided by 2 |
| Dollar amount of common stock & preferred stock  | .00                                | .00                        | .00  |
| 2. Paid-in or capital surplus  | .00                                | .00                        | .00  |
| Retained earnings appropriated & unappropriated  | .00                                | .00                        | .00  |
| 4. Adjustments to shareholders equity  | .00                                | .00                        | .00  |
| Shareholders undistributed taxable income  | .00                                | .00                        | .00  |
| Accumulated adjustments account  | .00                                | .00                        | .00  |
| 7. Other adjustments account   | .00                                | .00                        | .00  |
| 8. Add lines 1 through 7 of column 3   |                                    |                            | .00  |
| 9. Less cost of treasury stock   | .00                                | .00                        | .00  |
| 10. Dollar amount of partner's capital accounts  | .00                                | .00                        | .00  |
| 11. Capital (column 3, line 8 less column 3, line  | 9)                                 |                            | .00.   |
| 12. Multiplier for allowance for certain obligations line 7) S corporations and partnerships | ` '                                | •                          |  |
| 13. Allowance (line 10 if a partnership, or line 1   | by line 12)                        | .00                        |  |
| 14. Adjusted capital (subtract line 13 from line 1 enter this amount on line 16              | .00                                |                            |  |
| 15. Apportionment factor (Form SPF-100APT, Scolumn 3)  | COMPLETED FORM<br>MUST BE ATTACHED |                            |  |
| 16. BUSINESS CAPITAL (line 14 multiplied by  | line 15)                           |                            | .00  |

### SPF-100TC REV 8-16

# Summary of Pass-Through Entity Tax Credits



NAME

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This form is to be used by S Corporations and Partnerships to summarize the tax credits that are allocable to their shareholders/partners. Both this summary form and the appropriate credit calculation schedule(s) or form(s) must be attached to your return in order to claim a tax credit. The S Corporation or Partnership must complete an allocation schedule for each tax credit claimed. These allocations will be reported on their SPF-100, Schedule SP, column L. If you are claiming the Neighborhood Investment Program Credit you are no longer required to enclose the WV/NIPA-2 credit schedule with your return. You must maintain the schedule in your files.

| TAX CREDIT THE TOTAL AMOUNT OF CREDIT CANNOT EXCEED THE TAX LIABILITY               | TAX CREDIT CARRIED FORWARD FROM PRIOR YEARS | TAX CREDIT<br>EARNED IN<br>CURRENT YEAR | TAX CREDIT<br>USED IN<br>CURRENT YEAR | TAX CREDIT<br>CARRIED<br>FORWARD TO<br>FUTURE YEARS |
|---|---|---|---------------------------------------|---|
| Economic Opportunity Tax Credit (§11-13Q) –  EOTC-A & EOTC-1                        | .00   | .00                                     | .00                                   | .00   |
| Environmental Agricultural Equipment Tax Credit     (§11-13K) – Form WV/AG-1        | .00   | .00                                     | .00                                   | .00   |
| West Virginia Neighborhood Investment Program Credit     (§11-13J) – WV/NIPA-2      | .00   | .00                                     | .00                                   | .00   |
| 4. Strategic Research and Development Tax Credit (§11-13R) – WV/SRDTC-1*            | .00   | .00                                     | .00                                   | .00   |
| 5. Apprentice Training Tax Credit (§11-13W) – WV/ATTC-1                             | .00   | .00                                     | .00                                   | .00   |
| 6. Film Industry Investment Tax Credit (§11-13X) – WV/FIIA-TCS                      | .00   | .00                                     | .00                                   | .00   |
| 7. Alternative Fuel Tax Credit (§11-6D) – <b>WV/AFTC-1</b>                          | .00   | .00                                     | .00                                   | .00   |
| 8. Commercial Patent Incentives Tax Credit (§11-13AA) – WV/CPITC-1                  | .00   | .00                                     | .00                                   | .00   |
| 9. Innovative Mine Safety Technology Tax Credit (§11-13BB) – WV/IMSTTC-1            | .00   | .00                                     | .00                                   | .00   |
| 10. Historic Rehabilitated Buildings Investment Credit (§11-24-23a) – SCHEDULE RBIC | .00   | .00                                     | .00                                   | .00   |
| 11. West Virginia Military Incentive Credit (§11-24-12) – SCHEDULE J                | .00   | .00                                     | .00                                   | .00   |
| 12. <b>TOTAL CREDITS</b> (Add lines 1 through 11)                                   | .00   | .00                                     | .00                                   | .00   |

<sup>\*</sup> The Strategic Research and Development Tax Act terminated on January 1, 2014, and no new credit is available to any taxpayer for any qualified investment or expenditure made on or after that date. Credits that have been approved prior to January 1, 2014 and unused balances carried forward for use in subsequent years remain eligible for claim until the credit is fully used.

### SPF-100APT REV 8-16

# Allocation and Apportionment for Multistate Businesses

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|----|---|---|
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This form is used by S Corporations that are subject to tax in more than one state to allocate and apportion their income and/or capital to the State of West Virginia. Complete and attach to Form SPF-100. (See instructions and information for SPF-100APT Schedule A1 and A2 and Schedule B, Part 1, 2, & 3)

| SCHEDULE A1 EVERYWHERE ALLOCATION OF NONBUSINESS INCOME FOR MULTISTATE S CORPORATIONS (§11-24-7) |                                      |                               |                        |  |  |  |  |
|--|--------------------------------------|-------------------------------|------------------------|--|--|--|--|
| Types of allocable income  | Column 1<br>GROSS INCOME             | Column 2<br>RELATED EXPENSES  | Column 3<br>NET INCOME |  |  |  |  |
| 1. Rents   | .00                                  | .00                           | .00                    |  |  |  |  |
| 2. Royalties   | .00                                  | .00                           | .00                    |  |  |  |  |
| 3. Capital gains/losses  | .00                                  | .00                           | .00                    |  |  |  |  |
| 4. Interest  | .00                                  | .00                           | .00                    |  |  |  |  |
| 5. Dividends   | .00                                  | .00                           | .00                    |  |  |  |  |
| 6. Patent/copyright royalties  | .00                                  | .00                           | .00                    |  |  |  |  |
| 7. Gain – sale of natural resources (IRC Sec. 631 (a)(b))  | .00                                  | .00                           | .00                    |  |  |  |  |
| 8 Nonbusiness income/loss – Sum of lin   | es 1 through 7 column 3. Enter colum | mn 3 on SPE-100 Sch. A Line 7 | .00                    |  |  |  |  |

### SCHEDULE A2 WEST VIRGINIA ALLOCATION OF NONBUSINESS INCOME FOR MULTISTATE S CORPORATIONS (§11-24-7)

| Types of allocable income  | Column 1<br>GROSS INCOME                 | Column 2<br>RELATED EXPENSES | Column 3<br>NET INCOME |
|--|--|------------------------------|------------------------|
| 1. Rents   | .00                                      | .00                          | .00                    |
| 2. Royalties   | .00                                      | .00                          | .00                    |
| 3. Capital gains/losses  | .00                                      | .00                          | .00                    |
| 4. Interest  | .00                                      | .00                          | .00                    |
| 5. Dividends   | .00                                      | .00                          | .00                    |
| 6. Patent/copyright royalties                                    | .00                                      | .00                          | .00                    |
| 7. Gain – sale of natural resources (IRC Sec. 631 (a)(b))        | .00                                      | .00                          | .00                    |
| 8. Nonbusiness income/loss (sum of                               | lines 1 through 7 of column 3)           |                              | .00                    |
| 9. Less cost of West Virginia water/ai                           | r pollution control facilities this year |                              | .00                    |
| 10. Federal depreciation/amortization                            | .00                                      |                              |                        |
| 11. Federal depreciation/amortization                            |  |                              |                        |
| 12. Net nonbusiness income/loss al SPF-100, Schedule A, line 11) | .00                                      |                              |                        |

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# FAILURE TO COMPLETE SPF-100APT SCHEDULE B WILL RESULT IN 100% APPORTIONMENT TO WEST VIRGINIA

### **SCHEDULE B**

### APPORTIONMENT FACTORS FOR MULTISTATE S CORPORATIONS /PARTNERSHIPS (§11-24-7, & 11-23-5)

### **PART 1 - REGULAR FACTOR**

LINES 1 & 2: Divide Column 1 by Column 2 and enter 6 digit decimal in column 3.

LINE 5: Column 1 - Enter line 3. Column 2 - line 3 less line 4. Divide column 1 by column 2 and enter 6 digit decimal in column 3.

|  | Column 1<br>West Virginia | Column 2<br>Everywhere | Column 3<br>Decimal Fraction (6 digits) |  |  |  |  |
|--|---------------------------|------------------------|---|--|--|--|--|
| 1. Total Property  | .00                       | .00                    |   |  |  |  |  |
| 2. Total Payroll   | .00                       | .00                    |   |  |  |  |  |
| 3. Total Sales   | .00                       | .00                    |   |  |  |  |  |
| Sales to purchasers in a state where you are not taxable   |                           | .00                    |   |  |  |  |  |
| 5. Adjusted Sales  | .00                       | .00                    |   |  |  |  |  |
| 6. Adjusted Sales (enter line 5 again)   | .00                       | .00                    |   |  |  |  |  |
| 7. TOTAL: Add Column 3, Lines 1, 2, 5, and 6   |                           |                        |   |  |  |  |  |
| 8. APPORTIONMENT FACTOR – Line 7 divided by the number 4, reduced by the number of factors showing zero in Column 2, lines 1, 2, 5, and 6. Enter 6 digits after the decimal. Enter on SPF-100, Schedule A, line 9 and on SPF-100, Schedule B line 15 |                           |                        |   |  |  |  |  |

| PART 2 - VEHICLE MILEAGE – Use for Corporate Income Tax O | - MOTOR CARRIER FACTOR (§11-24-<br>NLY. Use Part 1 for Capital Calculation. Ente | •   |
|---|--|---|
| Column 1<br>West Virginia                                 | Column 2<br>Everywhere   | Column 3<br>Decimal Fraction (6 digits)<br>Column 1 divided by Column 2 |
|   |  | •   |
|   | ORGANIZATION FACTOR (§11-24-7)<br>n 3 on SPF-100, Schedule A, Line 9 and on S    |   |
| Column 1<br>West Virginia                                 | Column 2<br>Everywhere   | Column 3<br>Decimal Fraction (6 digits)<br>Column 1 divided by Column 2 |
| .00   | .00  | •   |



# **SPF-100W** REV 8-16

### West Virginia Withholding-Credit Schedule Pass-Through Entity



Enter WV withholding-credit information below. Do NOT send NRW-2's, K-1's, and/or 1099's with your return.

If FEIN entered in the Taxpayer Information Box B is different from the FEIN of Pass-Through Entity, you *MUST* attach a statement of explanation.

|   | JSINESS NAME<br>IOWN ON FORM<br>SPF-100  | FE   | IN  |
|---|--|--|---|
|   | A – Payer Information  | B – Taxpayer Information   | C – WV Tax Withheld   |
|   |  |  | .00   |
|   | Payer ID from 1099, K-1, and/or NRW-2  | Name   | WV WITHHOLDING  |
| 1 | Davies News  |  | Check the appropriate box   |
| • | Payer Name   | FEIN   | 1099 K-1 NRW-2  |
|   | Address  | .00  | Date tax year ending (MMYY)   |
|   | City, State, ZIP   | Income Subject to WV WITHHOLDING   | Enter WV withholding Only   |
|   | A – Payer Information  | B – Taxpayer Information   | C – WV Tax Withheld   |
|   |  |  | .00   |
|   | Payer ID from 1099, K-1, and/or NRW-2  | Name   | WV WITHHOLDING  |
| 2 | Payer Name   | FEIN   | Check the appropriate box   |
|   | Tayor Name   |  | 1099 K-1 NRW-2  |
|   | Address  | .00  | Date tax year ending (MMYY)   |
|   | City, State, ZIP   | Income Subject to WV WITHHOLDING   | Enter WV withholding Only   |
|   | A – Payer Information  | B – Taxpayer Information   | C – WV Tax Withheld   |
|   |  | I D - Taxpayer Information   | C – WV Tax Withheld   |
|   | / Tayor morniation   | B – Taxpayer Information   |   |
|   | Payer ID from 1099, K-1, and/or NRW-2  | Name   | .00 WV WITHHOLDING  |
| 3 | Payer ID from 1099, K-1, and/or NRW-2  | Name   | .00   |
| 3 |  |  | .00  WV WITHHOLDING  Check the appropriate box  |
| 3 | Payer ID from 1099, K-1, and/or NRW-2  | Name<br>FEIN   | .00  WV WITHHOLDING  Check the appropriate box  1099  K-1  NRW-2  |
| 3 | Payer ID from 1099, K-1, and/or NRW-2 Payer Name Address   | Name FEIN .00  | .00  WV WITHHOLDING  Check the appropriate box  1099  K-1  NRW-2  Date tax year ending (MMYY)   |
| 3 | Payer ID from 1099, K-1, and/or NRW-2 Payer Name Address City, State, ZIP  | Name FEIN .00 Income Subject to WV WITHHOLDING   | .00  WV WITHHOLDING  Check the appropriate box  1099  K-1  NRW-2  Date tax year ending (MMYY)  Enter WV withholding Only  |
| 3 | Payer ID from 1099, K-1, and/or NRW-2 Payer Name Address   | Name FEIN .00  | .00  WV WITHHOLDING  Check the appropriate box  1099 K-1 NRW-2  Date tax year ending (MMYY)  Enter WV withholding Only  C – WV Tax Withheld   |
| 3 | Payer ID from 1099, K-1, and/or NRW-2 Payer Name Address City, State, ZIP  | Name FEIN .00 Income Subject to WV WITHHOLDING   | .00  WV WITHHOLDING  Check the appropriate box  1099  K-1  NRW-2  Date tax year ending (MMYY)  Enter WV withholding Only  |
|   | Payer ID from 1099, K-1, and/or NRW-2  Payer Name  Address  City, State, ZIP  A - Payer Information  Payer ID from 1099, K-1, and/or NRW-2             | Name FEIN .00 Income Subject to WV WITHHOLDING B – Taxpayer Information Name           | .00  WV WITHHOLDING Check the appropriate box 1099 K-1 NRW-2 Date tax year ending (MMYY) Enter WV withholding Only  C – WV Tax Withheld .00   |
| 3 | Payer ID from 1099, K-1, and/or NRW-2 Payer Name Address City, State, ZIP  A – Payer Information   | Name  FEIN  .00  Income Subject to WV WITHHOLDING  B – Taxpayer Information            | .00  WV WITHHOLDING Check the appropriate box 1099 K-1 NRW-2 Date tax year ending (MMYY) Enter WV withholding Only  C – WV Tax Withheld .00  WV WITHHOLDING Check the appropriate box                 |
|   | Payer ID from 1099, K-1, and/or NRW-2  Payer Name  Address  City, State, ZIP  A - Payer Information  Payer ID from 1099, K-1, and/or NRW-2             | Name  FEIN  .00 Income Subject to WV WITHHOLDING  B – Taxpayer Information  Name  FEIN | .00  WV WITHHOLDING Check the appropriate box 1099 K-1 NRW-2 Date tax year ending (MMYY)  Enter WV withholding Only  C – WV Tax Withheld .00  WV WITHHOLDING  |
|   | Payer ID from 1099, K-1, and/or NRW-2  Payer Name  Address  City, State, ZIP  A – Payer Information  Payer ID from 1099, K-1, and/or NRW-2  Payer Name | Name FEIN .00 Income Subject to WV WITHHOLDING B – Taxpayer Information Name           | .00  WV WITHHOLDING Check the appropriate box 1099 K-1 NRW-2 Date tax year ending (MMYY)  Enter WV withholding Only  C – WV Tax Withheld .00  WV WITHHOLDING Check the appropriate box 1099 K-1 NRW-2 |

Total WV tax withheld from column C above.....

.00

If you have WV withholding on multiple pages, add the totals and enter the GRAND total on line 11, Form SPF-100.



# Shareholder/Partner Information and Nonresident Withholding



PEIN

|   | EDITS                         | <b>ATED</b>  | 00. | 00. | 00. | 00. | 00. | 00. | 00. | 00. | 00. | 00. | 00.         | 5           |
|---|-------------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|-------------|
| (r)   | TAX CREDITS                   | ALLOCA   |     |     |     |     |     |     |     |     |     |     |             |             |
| <b>(</b> X)   | TAX WITHHELD                  | COL. (J) X 6.5% (THIS TAX WILL BE WITHHELD FOR NON- RESIDENT INDIVIDUAL RETURNS) | 00. | 00. | 00. | .00 | 00. | 00. | 00. | 00. | 00. | 00. | 00.         | 0           |
| OLDING TAX  | COLUMN E%                     | TIMES COLUMN G (THIS INCOME WILL BE FILED ON NON- RESIDENT INDIVIDUAL RETURN)    | 00. | 00. | 00. | 00. | 00. | 00. | 00. | 00. | 00. | 00. | 00.         | 8           |
| ()  | TAX WITHHELD                  | Ω .  | 00. | 00. | 00. | 00. | 00. | 00. | 00. | 00. | 00: | 00: | 00.         | 8           |
| HAREHOLDERS/P   | A D% CUMN G COME ED ON TIDENT |  | 00. | 00. | 00. | 00. | 00. | 00. | 00' | 00. | 00. | 00. | 00:         | 8           |
| A NONRESIDENT S   | AL<br>RATION<br>ERSHIP<br>OME |  | 00. | 00. | 00. | 00. | 00. | 00. | 00' | 00. | 00. | 00. |             |             |
| IBUTION   |                               | (F) NONRESIDENT WITH WV NRW-4  | •   | •   | •   | •   | •   | •   | •   | •   | •   | •   | •           | •           |
| TOF INCOME DISTRICT OW FILING METHOD  |                               | (E) NON- RESIDENT  | •   | •   | •   | •   | •   | •   | •   | •   | •   | •   | •           | •           |
| PERCENT OF INCOME DISTRI WV FILING METHOD   |                               | (D) NONRESIDENT COMPOSITE  | •   | •   | •   | •   | •   | •   | •   | •   | •   | •   | •           | •           |
| OWNERSHI<br>PE  |                               | (C) RESIDENT   | •   | •   | •   | •   | •   | •   | •   | •   | •   | •   | •           | •           |
| SHAREHOLDERS/PARTNERS OWNERSHIP AND COMPUTATION OF WEST VIRGINIA NONRESIDENT SHAREHOLDERS/PARTNERS WITHHOLDING TAX  (B) (H) (J) (J) (J) | SHAREHOLDER/                  | PARTNER ID<br>SSN or FEIN  |     |     |     |     |     |     |     |     |     |     |             |             |
| (A)   | SHAREHOLDER/ PARTNER          | NAME AND ADDRESS   |     |     |     |     |     |     |     |     |     |     | PAGE TOTALS | SP SCHEDULE |
|   | U                             |  | -   | 7   | ო   | 4   | 2   | 9   | 2   | 8   | 6   | 9   | 7           | 12          |

Transfer total of Column C to line 1 of Form SPF-100 Transfer total of Column D to line 2 of Form SPF-100

Transfer total of Column E to line 3 of Form SPF-100

Transfer total of Column F to line 4 of Form SPF-100

 $^*$  Column F – Shareholder/partner percentage of income that is covered by NRW-4 (NRW-4 must be attached to return or on file with the WV State Tax Department.)

Transfer amount from Column G to line 5 of Form SPF-100

\* Column G is the Total West Virginia S Corporation or Partnership Income and is multiplied to attain each shareholder/partner's income/loss distribution amount. This amount is not to be summed and should be reflected in each line entry for Column G. The amount entered for Column G should match entries for line 10 (Partnerships) or line 12 (S Corps) of Schedule A before transferring to line 5 of SPF-100.

Transfer total of Column I to line 6 of Form SPF-100

Transfer total of Column K to line 7 of Form SPF-100

TOTALS FOR ALL PAGES OF SCHEDULE SP MUST BE REPORTED ON THE FIRST PAGE "SP SCHEDULE GRAND TOTAL" LINE.

# SPF-100EXT

**REV 8-16** 

# Extension of Time to File Information Returns



| FEIN  |                     |                  |                  |               | ΓENDED             | DUE DAT | ГЕ                     |           |
|---|---------------------|------------------|------------------|---------------|--------------------|---------|------------------------|-----------|
| TAX YEAR  |                     |                  |                  |               |                    |         |                        |           |
|   |                     |                  | IAA              |               |                    |         |                        |           |
| BEGINNING   | MM                  | DD               | YYYY             | ENDING        |                    | ММ      | DD                     | YYYY      |
|   | •                   |                  | '                |               | _                  |         |                        | ,         |
| BUSINESS NAME AND ADDRESS  TYPE OF ORGANIZATION: (CHECK ONLY ONE) |                     |                  |                  |               |                    |         |                        |           |
|   |                     |                  |                  |               |                    | Pa      | artnership Filing Form | SPF-100   |
|   |                     |                  |                  |               |                    | □s      | Corporation Filing For | m SPF-100 |
| Contact<br>Person   |                     |                  |                  |               | Contact<br>Phone # |         |                        |           |
| 1. Nonresident wi   | thholding tax due ( | do not include n | onresident compo | site payments | ) 1                |         |                        | .00       |
| 2. Nonresident Composite tax due ONLY                             |                     |                  |                  |               |                    |         |                        | .00       |
| 3. Total tax due (a   | add lines 1 and 2)  |                  |                  |               | 3                  |         |                        | .00       |

**NOTE:** This form is to be used for requesting an extension of time to file the S Corporation or Partnership Income Tax Return and for making an extension payment for the pass-through entity's nonresident withholding tax or their Nonresident Composite account. This form is not a substitute for filing annual tax returns.

**WHO MAY FILE:** Any S corporation or partnership needing an extension of time to file the West Virginia Income Tax Return (Form SPF-100) and expecting to owe tax must file Form SPF-100EXT. Any taxpayer granted an extension of time to file a federal return is granted the same extension of time to file their West Virginia return. **An extension of time for filing does not extend the time for payment.** To avoid interest and additions to tax for late payment, use this return to make an extension payment pending the filing of your annual return.

**PAYMENT OF NONRESIDENT WITHHOLDING TAX:** West Virginia tax law (Code §11-21-71a) requires S corporations and partnerships to withhold income tax on distributions of West Virginia source income (whether actual or deemed distributions) to nonresident shareholders and partners. The withholding tax rate is 6.5%.

The nonresident withholding tax is due and payable with this request. You must remit by the unextended due date 90% of the nonresident withholding tax due for the taxable year or 100% of the tax paid for the prior taxable year, if the prior tax year was a full 12 months and tax was paid. If the balance due on your annual return is paid by the last day of your extension and the amount due is 10% or less of the tax due for the taxable year, no additions to tax will be imposed on the balance remitted. Overpayments may be refunded or credited to next year's withholding.

**WHEN TO FILE:** An S corporation's annual West Virginia Income Tax return is due on or before the fifteenth day of the third month following the close of the taxable year. A partnership's annual West Virginia Income Tax return is due on or before the fifteenth day of the third month following the close of the taxable year.

**CLAIMING OF EXTENSION PAYMENT:** A tentative payment made by filing Form SPF-100EXT must be claimed on line 10 of your West Virginia Income Tax return (Form SPF-100).

Make check payable and remit to:

West Virginia State Tax Department

West Virginia State Tax Department Tax Account Administration Division PO Box 11751 Charleston, WV 25339-1751



### Tax Return Questionnaire – CNF-120/SPF-100

| ı  | NAME  | F       | EIN       |                                |
|----|---|---------|-----------|--------------------------------|
| Ī  | CHECK ALL THAT APPLY  |         |           |                                |
|    | ☐ Short period return ☐ Change of according Change of name ☐ Change of entite ☐ Change of address   |         |           | od                             |
|    | FINAL AND/OR SHORT-PERIOD RETURN – CHECK A  | ALL T   | HAT A     | APPLY                          |
|    | □ Ceased operations in West Virginia       □ Change in filing         □ Change of ownership       □ Merger         □ Successor to previous business       □ Other         □ Technical Termination       □ Taxpayer continuation   |         |           | ture returns under this FEIN   |
|    | PLEASE PROVIDE AN EXPLANATION FOR BOXES C   |         |           |                                |
|    |   |         |           |                                |
| 1. | <ol> <li>If this is the entity's initial return or if the entity did not file a return under the story the preceding year, indicate whether: (a) □ new WV business; (b) □ succession was included on a WV return filed under a different FEIN. Please expl</li> </ol>   | ccesso  | or to p   | reviously existing business; o |
| 2. | <ol> <li>Are disregarded entities included in this return? ☐ Yes ☐ No. If yes, list disregarded entity and the name and FEIN of their parent. Please submit addited</li> </ol>  |         |           |                                |
| 3. | 3. (a) Was the entity a partner or member in a pass-through entity doing busine list name and federal I.D. number of the pass-through entity(ies).  |         |           |                                |
| 4. | <ul><li>4. (b) Was the entity doing business in West Virginia other than through its in business in West Virginia? ☐ Yes ☐ No</li></ul>   | iterest | held      | in a pass-through entity doing |
| 5. | 5. Did the entity at any time during the taxable year do business in West Virginia stock of another corporation doing business in West Virginia? ☐ Yes ☐ No. number of each entity.   | If yes  | s, list r | ame, address and federal I.D   |
| 6. | 6. Was 80 percent or more of the corporation's voting stock owned by any corporation of the year? ☐ Yes ☐ No. If yes, list name, address and federal ID in the year? ☐ Yes ☐ No. If yes, list name, address and federal ID in the year? ☐ Yes ☐ No. If yes, list name, address and federal ID in the year? ☐ Yes ☐ No. If yes, list name, address and federal ID in the year? ☐ Yes ☐ No. If yes, list name, address and federal ID in the year? ☐ Yes ☐ No. If yes, list name, address and federal ID in the year? ☐ Yes ☐ No. If yes, list name, address and federal ID in the year? ☐ Yes ☐ No. If yes, list name, address and federal ID in the year? ☐ Yes ☐ No. If yes, list name, address and federal ID in the year? ☐ Yes ☐ Yes ☐ No. If yes, list name, address and federal ID in the year? ☐ Yes | numb    | er of e   | ach entity.                    |
| 7. | 7. The federal tax return attached to this West Virginia return is: ☐ a proforma fe tax return filed with the Internal Revenue Service  | ederal  | tax re    | turn 🛚 a copy of the federal   |
| 8. | 8. Is the entity currently under audit by the Internal Revenue Service?   Yes  If yes, enter years under audit   If the Internal Revenue Service has made final and unappealable adjustment have not been reported to the Department, check  here and file an amended determination to each amended return.   | s to th |           |                                |