## 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 1.	STREET OR OTHER MA	RESS	CITY		STATE		ZIP CODE	
2.								
3.								
4.								
5.								
(A) WEST VIRGINIA FILING METHOD (B) RESIDENT (C) COMPOSITE (D) NONRES			(E) IF NRW-4 PREVIOUSLY FILED		(F) BENEFICIARY SHARE OF WV INCOME		(G) ATE	(H) TAX PAID FOR BENEFICIARIES WITHHOLDING
1.		,	FREVIOUSEIT			6	.5%	WITHIOLDING
2.							.5%	
3.							.5%	
4.							.5%	
5.							.5%	
6. TOTALS							.5%	
	RGINIA FIDUCIARY MODIFICAT	IONS			DLUMN I FOTAL			COLUMN II DUNT ALLOCATED
Interest income on state and municipal bonds, other than West Virginia								
2. Lump sum distribution (Federal Form 4972)						lf dhia ia		
3. Federal exemption (Form 1041, line 20)					If this is Simple Tru having N Taxable	ist O		
4. Other additions – state nature and source						Income OMIT Col		
5. Electing small business trust additions								
6. Total additions (add lines 1 through 5, col. II and enter here and on page 1, line 2)								
7. Interest income on US obligations specifically exempt from state tax								
8. West Virginia exemption					600.00			600.00
9. Other subtractions – state nature and source								
10. Electing small business trusts subtractions								
11. Total subtractions (add lines 7 through 10, col. II and enter here and on page 1, line 3)								
12. Net fiduciary modifications	s (line 6 minus line 11)							
eposit 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. 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 Fiduciary or Officer Representing Fiduciary) (Date) (Email)								
			(240)		()			
Paid Preparer's	f Preparer)						(Date	)
Use Only								
(Preparer's EIN) (Printed Name) (Telephone Number)								



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