**IT-141** REV 8-18

# Fiduciary Test #2 West Virginia Fiduciary Income Tax Return (for resident and non-resident estates and trusts)

2018

Estate or Trust Name	Margaret Fillmore		FEIN	37-7355545				
Trustee Executor Name								
FIRST LINE OF ADDRESS	282 Beacon Street							
CITY	Boston	тате МА	ZIP CODE	02116	_			
FILING PERIOD ENDED MM/DD/YYYY	12 31 2018 EXTENDED DUE DATE MM/DD/YYYY FIRE	R APPLIC	ECK IF Fin	Amended	CHECK Resident Resident Resident	on- esident		
TYPE OF ENTITY:	Simple Trust  Decedent's Estate  Qualified Funeral Tru  Bankruptcy Estate  Grantor Type Trust  Qualified Funeral Tru		Complex Trust		RC § 671-678 Grantor Trust Election			
DECEDENT INFO:	Date of Death: MM/DD/YYYY  SSN:			1	Final Individual Return Filed for Decendent			
Federal taxal	ole income (enter line 22, Federal Form 1041 or line 12, 1041-0	-QFT)		1	171687	.00		
West Virginia	fiduciary additions (Schedule B, line 6)			2	6703	.00		
West Virginia	fiduciary subtractions (Schedule B, line 11)			3	600	.00		
4. West Virginia	taxable income (sum of lines 1 and 2 minus line 3)				177790	.00		
	IF THIS IS A SIMPLE TRUST HAVING NO 1	TAXABLE INC	COME, OMIT	ΓLINES 5-7				
<ol><li>West Virginia</li></ol>	tax (check one) Rate Schedule X Schedule NR			5	7140	.00		
6. Credits from	Fax Credit Recap Schedule (see schedule page 4)			6	925	.00		
7. Adjusted tax	due (line 5 minus line 6)			7	6215	.00		
8. Non-resident	income subject to tax (total of Schedule A, column F)			8	105000	.00		
9. West Virginia	income tax paid for non-resident beneficiaries (total of Schedu	lule A, Column	H)	9	6824	.00		
10. Combined ta	due (sum of lines 7 and 9)			10	13039	.00		
	fiduciary income tax withheld (See Instructions)  EIF WITHHOLDING IS FROM NRSR (NON RESIDENT SALE OF REAL ESTA	ATE)		11	15145	.00		
	yments/payments with extension of time	,				.00		
13. Paid with orig	inal return (amended return only)			13		.00		
14. Overpaymen	14		.00					
15. Total paymer	ts (sum of lines 11, 12, and 13 minus line 14)			15	15145	.00		
16. Balance of ta	x due (line 10 minus line 15)			16		.00		
17. Overpaymen	(if line 15 is larger than line 10, enter amount)			17	2106	.00		
18. Amount of lin	e 17 to be credited to next year's tax			18	1500	.00		
	19. Amount to be r	e 18) 19	606	.00				

-1-

### Fiduciary Test #2

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

			AME AND A			ENE	FICIARY				
NAME			T OR OTHER I		RESS	<b>.</b>	CITY	STATE			ZIP CODE
1. Sam Pag			sylvania Av	е			Nutter Fort		WV		26301
2. Sally Sand	erson	3107 Mt R	oyal Blvd			Gle	nshaw	PA			15116
3.											
4.											
5.		1			<b>/</b> E\		(5)	<u> </u>	(0)	ı	(11)
SOCIAL SEC	URITY#	✓ WES (B) RESIDENT	T VIRGINIA FILING (C) COMPOSITE	METHOD (D) NONRES	(E) ✓ IF NRV PREVIOUSLY F		(F) BENEFICIARY SHA OF WV INCOME		(G) RATE	BE	(H) AX PAID FOR NEFICIARIES ITHHOLDING
1. 298-42-6	840			<b>✓</b>			32650.	00	6.5%		2122.25
2. 298-42-6	839			<b>✓</b>			46175.0		6.5%		3011.37
<sup>3.</sup> 233-82-2	2047			<b>✓</b>			26175.	00	6.5%		1707.37
4.									6.5%		
5.									6.5%		
6. TOTALS									6.5%	İ	
SCHEDULE B -	- WEST VIF	RGINIA FIDUCI	ARY MODIFIC	ATIONS		(	COLUMN I TOTAL	-			DLUMN II T ALLOCATED
Interest incor	ne on state a	nd municipal bon	ds, other than We	est Virginia							
2. Lump sum di	stribution (Fe	deral Form 4972)	)					If this			
3. Federal exen	nption (Form	1041, line 20)					100.00	Simple having Taxal	NO le		75.00
4. Other additions – state nature and source						8837.00	Incon OMIT C			6628.00	
5. Electing sma	ll business tru	ust additions									
SUBTRACTION	IS:		I and enter here a				8937.00				8937.00
			lly exempt from s				600.00				600.00
-			ce		I		000.00				000.00
10. Electing sma					<u> </u>						
11. Total subtract	tions (add line	es 7 through 10, o	col. II and enter he	ere and on page	1, line 3)		600.00				600.00
12. Net fiduciary	modifications	(line 6 minus line	e 11)				8377.00				6103.00
Direct Deposit	<b>7</b>		П		 051	1900366 7423684					
of Refund	M CHEC	KING	SAVINGS		ROUTI						UMBER
I authorize the State T	ax Department to	o discuss my return v	vith my preparer $\sqrt{}$	YES NO	CCOUNT INFORM	IATION I	MAY RESULT IN A \$15		TURNED	PAYMEN	T CHARGE.
Signature of Fidu	ciary or Offic	cer Representin	g Fiduciary)		(Date)	)	(Email)				
Paid	(Signature	of Preparer)							(D	ate)	
Preparer's Use Only	654785								(_	,	
	(Preparer's			(Printed Na	ame)				(Teleph	one Nu	mber)



## Fiduciary Test #2 SCHEDULE NR

#### PART I - NONRESIDENT INCOME AND ALLOCATION

(To be completed by nonresident estates and trusts only)

INCOME		COLUMN I REPORTED O FEDERAL RETU			COLUMN II ALLOCATED TO WEST VIRGINIA				
Interest income (includes QFT)	1	63241	.00	1	47431	.00			
2. Dividends (includes QFT)	2	56123	.00	2	42092	.00			
Business income or loss	3		.00	3		.00			
Capital gain or loss (includes QFT)	4		.00	4		.00			
5. Rents, royalties, partnerships, other estates and trusts, etc	5	180573	.00	5	135430	.00			
6. Farm income or loss	6		.00	6		.00			
7. Ordinary gain or loss	7		.00	7		.00			
8. Other income (state nature of income)	8		.00	8		.00			
9. Total income (add lines 1 through 8)	9	299937	.00	9	224953	.00			
DEDUCTIONS		COLUMN I REPORTED O FEDERAL RETU			COLUMN II ALLOCATED TO WEST VIRGINIA				
10. Interest	10		.00	10		.00			
11. Taxes (includes QFT)	11	1500	.00	11	1125	.00			
12. Fiduciary fees (includes QFT)	12		.00	12		.00			
13. Charitable deduction	13	250	.00	13	188	.00			
14. Attorney, accountant, and return preparer fees (includes QFT)	14	1400	.00	14	1050	.00			
15. Other deductions (see instructions for QFT)	15		.00	15		.00			
16. Total (sum of lines 10 through 15)	16	3150	.00	16	2363	.00			
17. Adjusted total income or loss (line 9 minus line 16)	17	296787	.00	17	222590	.00			
18. Income distribution deduction	18	125000	.00	18	105000	.00			
19. Federal exemption	19	100	.00	19	75	.00			
20. Total deductions (sum of lines 18 and 19)	20	125100	.00	20	105075	.00			
21. Taxable income of fiduciary (line 17 minus line 20)	21	171687	.00	21	117515	.00			
PART II – CALCULAT	ION	OF WEST VIRGIN	XAT AI		,				
22. West Virginia taxable income (page 1, line 4)	22	177790	.00						
23. Tentative tax (apply rate schedule to amount on line 22)				23	10431	.00			
		ne 21, col. II) e (line 21, col. I)		24	0 684				
25. West Virginia tax (line 23 times line 24) – enter here and on page	25	7140	.00						





### Tax Credit Recap Schedule

2018

This form is used by individuals to summarize the tax credits that you may claim against your tax. In addition to completing this summary form, each tax credit has a schedule or form that is used to determine the amount of credit that can be claimed. Both this summary form and the appropriate credit calculation schedule(s) or form(s) MUST BE ENCLOSED with your return in order to claim a tax credit. Information for all of these tax credits may be obtained by visiting our website at tax.wv.gov or by calling the Taxpayer Services Division at 1-800-982-8297.

Note: If you are claiming the Schedule E credit(s) or the Neighborhood Investment Program Credit you are no longer required to enclose the other state(s) return(s) or the NIPA-2 schedule with your return. You must maintain the other state(s) return(s) or NIPA-2 schedule in your files.

WEST VIRGINIA TAX CREDIT RECAP SCHEDULE									
TAX CREDIT	SCHEDULE	<i>A</i>	APPLICABLE CREDIT						
Credit for Income Tax paid to another state(s)	E	1	315	.00					
** For what states?									
General Economic Opportunity Tax Credit	WV/EOTC-PIT	2		.00					
WV Environmental Agricultural Equipment Credit	WV/AG-1	3		.00					
4. WV Military Incentive Credit	J	4		.00					
Neighborhood Investment Program Credit	NIPA-2	5		.00					
Historic Rehabilitated Buildings Investment Credit	RBIC	6		.00					
7. Qualified Rehabilitated Buildings Investment Credit	RBIC-A	7	350	.00					
West Virginia Film Industry Investment Tax Credit	WV/FIIA-TCS	8	260	.00					
9. Apprenticeship Training Tax Credit	WV/ATTC-1	9		.00					
10. Alternative-Fuel Tax Credit	AFTC-1	10		.00					
11. Farm to Food Bank Tax Credit		11		.00					
12. <b>TOTAL CREDITS</b> — add lines 1 through 11. <i>Enter on Form WV/IT-141, I</i> .	ine 6	. 12	925	.00					



### Fiduciary Test #2

Schedule of WV Partner/Shareholder/Member/Beneficiary 2018 Income, Loss, Modification, Credits, and Withholding

	TIO	N										
BEGINNING	GINNING 01 01 18 ENDING 12					12	31		18	18		
	MM	DD		YYYY			MM	D	D	YYYY		
ORGANIZATION NAME (please type or print)  NAME OF F				PAR1	PARTNER/SHAREHOLDER/MEMBER/BENEFICIARY							
Any Corpora	tion				Margaret	t Filmore						
STREET or POST OF	FICE BOX				STREET or POS	ST OF	FICE BOX					
123 Main Street 282					282 Beac	on :	Street					
CITY		STATE	ZIP		CITY			STA	ATE	ZIP		
Boston		MA	021	17	Boston				MA 02116			
WEST VIRGINIA IDEN	NTIFICATION NUMBER	FEDERAL	IDENTIFIC	CATION NUMBER	FEIN			WV	IDENTI	FICATION NUMBER		
		55-55	55555		37-76888	378						
CHECK ONE:				ibject to withholdii on's S Corporatio				\$	150	,000	.00	
X S Corpora	X S Corporation  2. Amount of West Virginia income tax withheld (see instructions)						\$	15,	145	.00		
Limited Lia	ability Company				PERCENTAG	SE O	OF OWNERSHIP					
Partnershi	р											
INCOME												
4 Distuibutive a	hf:		\^/4\ /:.			1					.00	
ADDITION	ro rata share of income a	llocable to	vvest vii	rginia								
	vidend income on feder	al obligatio	ns whic	h is exempt from f	ederal tax but	T_						
	ite tax					2					.00	
Interest or dividend income on state and local bonds earning income from West Virginia sources				3					.00			
	noney borrowed to pur			•	•	4					.00	
Any amount not included in federal income that was an eligible contribution for Neighborhood Investment Program Tax Credit					5					.00		
6. Other Income deducted from federal adjusted gross income but subject to state tax					6					.00		
SUBTRAC	CTIONS											
	vidends received on Ur usted gross income but			0 0		7					.00	
8. Refunds of st	tate and local income ta	xes receiv	ed and r	eported as income	to the IRS	8					.00	
	e included into federal					9					.00	



Firhering Trad-#9	
Fiduciary Test #2	
FAKE ATTACHMENT	
FARE ATTACHIVIENT	
SCHEDULE RBIC-A	

Fiduciary Test #2	
1 Iducially Test #2	
FAKE ATTACHMENT	
SCHEDULE FIAA-TCS	
SCHEDULE FIAA-1CS	