IT-141 REV 8-18

Fiduciary Test #4 West Virginia Fiduciary Income Tax Return (for resident and non-resident estates and trusts)

Trust Name Jefferson A Knotts Estate	FEIN	48-6175289					
Trustee Executor Name							
FIRST LINE OF ADDRESS 1805 Petula Ct. SECOND LINE OF ADDRESS							
CITY Forest Hill STATE MD	ZIP CODE	21050 -					
FILING PERIOD ENDED DUE DATE MM/DD/YYYY 12 31 2018 EXTENDED DUE DATE MM/DD/YYYY FILER FILER CHECK		Amended	N/	on- sident			
TYPE OF ENTITY: Simple Trust Decedent's Estate Qualified Funeral Trust C		IRC § 671-678 Grantor Trust Election					
Date of Death: MM//DD/YYYY 03 24 2017 SSN: 233-82-2		Final Individual Return Filed for Decendent					
Federal taxable income (enter line 22, Federal Form 1041 or line 12, 1041-QFT)		1	8812	.00			
West Virginia fiduciary additions (Schedule B, line 6)		2		.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)	4	8212	.00				
IF THIS IS A SIMPLE TRUST HAVING NO TAXABLE INCO	OME, OMIT I	LINES 5-7					
5. West Virginia tax (check one)		5	246	.00			
6. Credits from Tax Credit Recap Schedule (see schedule page 4)	6		.00				
7. Adjusted tax due (line 5 minus line 6)	7	246	.00				
8. Non-resident income subject to tax (total of Schedule A, column F)	8		.00				
9. West Virginia income tax paid for non-resident beneficiaries (total of Schedule A, Column H	9		.00				
10. Combined tax due (sum of lines 7 and 9)	10		.00				
11. West Virginia fiduciary income tax withheld (See Instructions) CHECK HERE IF WITHHOLDING IS FROM NRSR (NON RESIDENT SALE OF REAL ESTATE)	11		.00				
12. Estimated payments/payments with extension of time			.00				
13. Paid with original return (amended return only)	13		.00				
14. Overpayment previously refunded or credited (amended return only)	14		.00				
15. Total payments (sum of lines 11, 12, and 13 minus line 14)	15		.00				
16. Balance of tax due (line 10 minus line 15)		246	.00				
17. Overpayment (if line 15 is larger than line 10, enter amount)			.00				
18. Amount of line 17 to be credited to next year's tax				.00			
	7 minus line	18) 19		.00			

Direct Debit Routing#: 051900366 Account#: 123456

Fiduciary Test #4

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

			N	AME AND A	ADDRESS C	F EACH	BENEI	FICIARY				
NAME				T OR OTHER				CITY				ZIP CODE
1.												
2.												
3.												
4.												
5.												
SC	(A) OCIAL SEC	URITY#	✓ WES	ST VIRGINIA FILING	METHOD (D) NONRES	(E) ✓ IF N PREVIOUSL	IRW-4	(F) BENEFICIARY SHA OF WV INCOME		G) TE	BENE	(H) PAID FOR EFICIARIES HHOLDING
1.					. ,	FILVIOUSE	TTILLD		6.5	5%	VVIII	IIIOEDING
2.									6.5			
3.									6.5			
4.									6.5			
5.									6.5			
	TOTALS								6.5			
		WEST VID	CINIA FIDUC	IARY MODIFIC	ATIONS			COLUMN I	0.0) /0 	COL	UMN II
	DITIONS:			nds, other than W				TOTAL	→	AM		ALLOCATED
2.	Lump sum di	stribution (Fed	deral Form 4972	·)								
3.	Federal exen	nption (Form 1	1041, line 20)						If this is a Simple Trus having NO	t		
4.	Other additio	ns – state nat	ure and source						Taxable Income, OMIT Col. I			
5.	Electing sma	ll business tru	st additions									
6.	Total addition	ns (add lines 1	through 5 col	II and enter here	and on page 1 li	ne 2)						
	BTRACTION	IS:		ally exempt from s								
8.	West Virginia	exemption						600.00				600.00
9.	Other subtract	ctions - state	nature and sour	ce								
10.	Electing sma	ll business tru	sts subtractions									
11.	Total subtract	tions (add line	s 7 through 10,	col. II and enter h	ere and on page	1, line 3)		600.00				600.00
12.	Net fiduciary	modifications	(line 6 minus lir	ne 11)				-600.00				-600.00
•	osit	СНЕСР	(ING	SAVINGS								
ıĸ	efund	_ 3201			L	ROU	TING NU	IMBER	A	CCOUN	IT NU	MBER
	thorize the State T	ax Department to	discuss my return	with my preparer	YES NO			MAY RESULT IN A \$15 my knowledge and belie				
Sig	nature of Fidu	iciary or Offic	er Representir	ng Fiduciary)		(Da	te)	(Email)				
Pa	aid											
Pr	eparer's se Only	(Signature o	of Preparer)							(Date	:)	



(Telephone Number)

(Printed Name)

(Preparer's EIN)