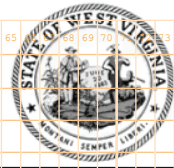


STATE OF WEST VIRGINIA
State Tax Department, Tax Account Administration Div
P.O. Box 342
Charleston, WV 25322-0342



Name _____
Address _____
City _____ State _____ Zip _____

INDIVIDUAL ESTIMATED INCOME TAX PAYMENT

WV/IT-140ES
rtL063 v.12

Account #:	Taxable Year End:	Payment Due Date:
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Your Social Security Number:	Spouse's Social Security Number:
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Part 1: Payment

Amount of This Payment

Part 2: Change of Address

Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed:

Name(s): _____

Mailing Address: _____

City: _____

State and Zip Code: _____

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
Tax Account Administration Div
P.O. Box 342, Charleston, WV 25322-0342
FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
For more information visit our web site at: www.tax.wv.gov
File online at <https://mytaxes.wvtax.gov>



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