IT-140 REV 8-18 West Virginia Personal Income Tax Return 2018

SOCIAL SECURITY NUMBER	400-00-54	 1	Deceased	5	*SPOL SOCIAL S NUM	ECURITY				Deceased Date of Death	n:	
LAST NAME	Player			SUFFIX		YOUR FIRST NAME	Footbal	ı		MI		
SPOUSE'S LAST NAME					SUFFIX		SPOUSE'S FIRST NAME				МІ	
FIRST LINE OF ADDRESS					SECON OF ADE							
CITY	Wilmington				STATE	MA	ZIP CODE	01887				
TELEPHONE NUMBER	936-962-4124 EMAIL						E.	EXTENDED DUE DATE MM/DD/YYYY				
Amended return Check before 4/15/19 if you wish to stop the original debit (amended return only) Net Operating Loss Nonresident Special Year Resident injured spouse (See instructions on Page 15)										s an		
STATUS Exemptions (If someone can claim you as a dependent, leave box (a) blank.) and b if they apply { Spouse (b) STATUS C. List your dependents. If more than five dependents, continue on Schedule DP on page 38.									1			
¹ X Single	·	1115	Tilame		Lasi	name		Social Securit Number	<u> </u>	MM DD YY	YY)	-
² Head o	of Household											_
³ Married	d, Filing Joint											_
⁴ Married Separa	d, Filing											-
*Enter sp	oouse's SS# and the boxes above											_
d. Additional exemption if surviving spouse (see page 17)						Enter total n	umber of d	ependents	(c)			
5 Widow(er) with dependent child Enter decedents SSN: Year Spouse Died: e. Total Exemptions (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below.							(d) (e)	1				
1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-1								605	.00			
												.00
2. Additions to income (line 33 of Schedule M)										.00		
Subtractions from income (line 50 of Schedule M) West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3)								1245	605	.00		
twest virginia Adjusted Gross income (line 1 plus line 2 minus line 3) Low-Income Earned Income Exclusion (see worksheet on page 23)							_			П	.00	
Total Exemptions as shown above on Exemption Box (e)1 x \$2,000								200	0	.00		
7. West Virginia Taxable Income (line 4, minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO											.00	
8. Income Tax Due (Check One) Tax Table Rate Schedule X Nonresident/Part-year resident calculation schedule								113	32	.00		
	TAX DEPT USE ONLY											
PAYMENT PLAN	CORR	SCTC NRSR	HEPTC									

	PRIMARY LAST NAME SHOWN ON FORM IT-140	SOCIAL SECURITY NUMBER	400-00-5411	8.Total Taxes Due (line 8 from previous page)	8	1132	.00	
9.	West Virginia Income Tax Withheld (SEE INSTRUCT (NONRESIDENT SALE OF REAL ESTATE)				9	980	.00	
10. Estimated Tax Payments and Payments with Schedule L					10	152	.00	
11. Family Tax Credit if applicable (see required schedule on page 38)					11		.00	
12.	Senior Citizen Tax Credit for property tax paid from S	Schedule SCTC-1			12		.00	
13. Homestead Excess Property Tax Credit for property tax paid from Schedule HEPTC-1					13		.00	
14.	Credits from Tax Credit Recap Schedule (see schedule)	lule on page 6)			14		.00	
15.	Amount paid with original return (amended return or	nly)			15		.00	
16.	Payments and Credits (add lines 9 through 15)				16	1132	.00	
17.	Overpayment previously refunded or credited (amer	nded return only)			17		.00	
	Total payments and credits (line 16 minus line 17)				18	1132	.00	
19.	Penalty Due from Form IT-210. CHECK IF REQUESTING WAIVER/ANNUALIZ	ED WORKSHEET AT	FACHED If you owe penalty, en	ter here	19		.00	
	West Virginia Use Tax Due on out-of-state purchase		_	JSE TAX DUE	20		.00	
21. West Virginia Children's Trust Fund to help prevent child abuse and neglect. Enter the amount of your contribution \$\bigs\\$5 \$\bigs\\$25 \$\bigs\\$100 \$\bigs\\$100 \$\bigs\\$5 \$\bigs\\$100 \$\bigs\\$5 \$\bigs\\$100 \$\bigs\\$5 \$\bigs\					21		.00	
22. Add line 8 to the total of lines 19, 20, and 21. This is your total amount due					22	0	.00	
23.	Balance Due (line 22 minus line 18). If Line 18 is	s greater than line 22,	go to line 24	PAY THIS AMOUNT	23	0	.00	
24.	If line 18 is greater than line 22, subtract line 22 from	n line 18. This is your	total overpayment		24		.00	
25. Amount of overpayment to be credited to your 2019 estimated tax							.00	
26. Refund due you (line 24 minus line 25)					26	0	.00	
Direct Deposit of Refund 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.								
	Your Signature	Date Spouse	e's Signature		Da	te Telephone N	lumber	
	Preparer: Check Here if client is requesting that form NOT be e-filed Preparer's EIN	Signature of prepare	er other than above	Printed Name	Da	te Telephone N	umber	
	REFUND WV State Tax Dep	artment W	BALANCE DUE // State Tax Departme	ent				

P.O. Box 1071 Charleston, WV 25324-1071 P.O. Box 3694 Charleston, WV 25336-3694





Nonresidents/Part-Year Residents Schedule of Income

2018

PART-YEAR RESIDENTS: FROM: TO: MM/DD/YYYY Enter period of West Virginia residency MM/DD/YYYYY COLUMN B: ALL INCOME DURING PERIOD OF WV RESIDENCY COLUMN C: WV SOURCE INCOME DURING NONRESIDENT PERIOD (To Be Completed By Nonresidents and Part-Year Residents Only) COLUMN A: AMOUNT FROM FEDERAL RETURN **INCOME** 1226105 17645 1. Wages, salaries, tips (withholding documents)....... .00 .00 .00 2 2. Interest..... .00 .00 .00 13000 3. Dividends..... 3 .00 .00 .00 4. IRAs, pensions and annuities 4 .00 .00 .00 5. Total taxable Social Security and Railroad Retirement benefits 5 (see line 43 of Schedule M for Railroad Retirement benefits) .00 .00 6. Refunds of state and local income tax (see line 41 of Schedule M)..... 6 .00 .00 7. Alimony received..... 7 .00 .00 8. Business profit (or loss)..... 8 .00 .00 .00 6500 9 9. Capital gains (or losses)..... .00 .00 .00 10 10. Supplemental gains (or losses)..... .00 .00 .00 11. Farm income (or loss)..... 11 .00 .00 .00 12. Unemployment compensation insurance..... 12 .00 .00 .00 13. Other income from federal return (identify source) 13 .00 .00 .00 17645 1245605 14 14. Total income (add lines 1 through 13)..... .00 .00 .00 **ADJUSTMENTS** 15 15. Education expenses..... .00 .00 .00 16 16. Moving expenses..... .00 .00 .00 17. Self-employment tax deduction..... 17 .00 .00 .00 18. Self Employed SEP, SIMPLE and qualified plans... 18 .00 .00 .00 19. Self-employment health insurance deduction....... 19 .00 .00 .00 20 20. Penalty for early withdrawal of savings..... .00 .00 .00 21. Other adjustments..... 21 .00 .00 .00 22. Total adjustments (add lines 15 through 21)...... 22 .00 .00 .00 1245605 17645 23. Adjusted gross income 23 .00 .00 .00 (subtract line 22 from line 14 in each column)..... 17645 24 24. West Virginia income (line 23, Column B plus column C)..... .00 25. Income subject to West Virginia state tax but exempt from federal tax..... 25 .00 Total West Virginia income (line 24 plus line 25). 17645 26 Enter here and on line 2 on the next page... .00



Nonresidents/Part-Year Residents Schedule of Income

2018

SCHEDULE A (CONTINUED)							
PART I: NONRESIDENT/PART-YEAR RESIDENT TAX CALCULATION							
1. Tentative Tax (apply the appropriate tax rate schedule on page 36 to the amount shown on line 7, Form IT-140)	1	79839	.00				
2. West Virginia Income (line 26, Schedule A)	2	17645	.00				
3. Federal Adjusted Gross Income (line 1, Form IT-140)	. 3	1245605	.00				
4. Tax (divide line 2 by line 3, round to 4 decimal places and multiply the result by line 1). Enter here and on line 8, Form IT-140. If you are claiming a federal net operating loss carryback, you must continue to Part II	4	1132	.00				
PART II: NONRESIDENT/PART-YEAR RESIDENT TAX CALCULATION FOR NET OPER	ATII	NG LOSS CARRYB	ACK				
Subtract line 2 Part I from your original Federal Adjusted Gross Income (line 1, Form IT-140)	5		.00				
6. Income Percentage (Divide line 5 by line 3 Part I and round the result to six decimal places) Note: Decimal cannot exceed 1.000000.	6	-					
7. Multiply line 1 Part I by line 6	7		.00				
8. Subtract line 7 from line 1 Part I	8		.00				
9. West Virginia Tax (Enter the smaller of line 4 Part I or line 8 Part II here and on line 8, Form IT-140)	9		.00				
PART III: SPECIAL NONRESIDENT INCOME FOR RESIDENTS OF RECIPROCAL STAT	ES						
 West Virginia source income was from wages and salaries. West Virginia income tax was withheld from such wages and salaries by your employer(s). If you were a domiciliary resident of Pennsylvania or Virginia and spent more than 183 days in West Virginia, you ar Virginia and must file Form IT-140 as a resident of West Virginia. NOTE: If you were a resident of any state other than Kentucky, Ohio, Maryland, Pennsylvania, or Virginia, you must check the box Filing as Nonresident or Filing as a Part-Year Resident and Complete Schedule from West Virginia sources. I declare that I was not a resident of West Virginia at any time during 2018, I was a resident of the state she sources within West Virginia was from wages and salaries, and such wages and salaries were subject to it residence. YOUR STATE OF RESIDENCE (Check one): 1. Commonwealth of Kentucky 4. Commonwealth of Pennsylvania Number of days spen State of Maryland Commonwealth of Virginia Number of days spen 	you a A an own, ncon	are ineligible to completed Part I to report any irony only income from the taxation by my state	te Part ncome				
3. State of Ohio (A) Primary Taxpayer's So Security Number	cial	(B) spouse's Social Security Number					
10. Enter your total West Virginia Income from wages and salaries in the appropriate column	.00		.00				
11. Enter total amount of West Virginia Income Tax withheld from your wages and salaries paid by your employer in 2018	.00		.00				
12. Line 11, column A plus line 11, column B. Report this amount on line 9 of Form IT-140	12		.00				



	Personal In	come Ta	ax Te	est #3					
a Employe	e's social security number								
400-00-5411 OMB			DMB No. 1545-0008						
b Employer identification number (EIN)			1 Wa	ges, tips, other compensation	2 Federal income tax withheld \$395,000				
55-555555			\$1,	226,105					
c Employer's name, address, and ZIP code			3 So	cial security wages	4 Social security tax withheld				
New England Patriots									
1 Patriot Place			5 Me	dicare wages and tips	6 Medicare tax withheld				
Foxboro MA 02035									
TORDOTO MATE 02033				cial security tips	8 Allocated tips				
d- Control number	9 Ver	ification code	10 Dependent care benefits						
e Employee's first name and initial Last name Suff.				11 Nonqualified plans 12a					
				1	od e				
Football PLayer				13 Statutory Retirement Third-party employee plan Sick pay					
470 Main Street					o d				
Wilmington MA 01887				14 Other 12c					
					9				
					12d				
			6						
f Employee's address and ZIP code									
15 State Employer's state ID number	Employer's state ID number 16 State wages, tips, etc. 17 State incor		e tax 18 Local wages, tips, etc.		19 Local income tax 20 Locality name				
WV	\$17,645	\$980							

Form **W-2** Wage and Tax Statement

5079

Department of the Treasury-Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return