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

SOCIAL SECURITY NUMBER	400-00-530)1		Deceased Date of Death:		*SPOU SOCIAL S NUM	ECURITY				Deceased Date of	Death:	
LAST NAME	ZZZZ					SUFFIX	JR	YOUR FIRST NAME	EEE			МІ	
SPOUSE'S LAST NAME						SUFFIX		SPOUSE'S FIRST NAME				МІ	
FIRST LINE OF ADDRESS	1040 EX V	VAY				SECON OF ADE							
CITY	CHARLES	STON				STATE	WV	ZIP CODE	25305				
TELEPHONE NUMBER	304-345-8	547	EMAIL			1		E	XTENDED DUE MM/DE				
Amended return Check before 4/15/19 if you wish to stop the original debit (amended return only) Nonresident Special (See instruction)								sident/ Part- Resident le 15)	Form WV injured sp	-8379 filed bouse	as an		
FIL	.ING	Exem	ption	S (If someone ca	an claim y	ou as a de	pendent,	leave box (a)	hlank)	Enter "1" in bo Ind b if they a		ourself (a pouse (b	′ – –
	ATUS ck One)	c. List your	depender First na	nts. If more than five ame	depende		ue on Sch name	edule DP on	page 38. Social S Num	ecurity	Date of (MM DD	Birth	
¹ Single		AAA							10-5001 01-02-201			_	
² X Head o	of Household	BBB			ZZZZ		400-20-5002 02-03		02-03-2	011	_		
³ Married	d, Filing Joint	ccc				ZZZZ		400-30-5003		03-04-2	012		
⁴ Marrieo Separa	d, Filing ate	DDD				ZZZZ		400-40-5004		04-05-2	013		
*Enter sp	pouse's SS# and the boxes above	FFF							400-5	0-5005	05-06-2	014	
	(er) with dent child	Enter de	ecedents S	on if surviving spous SSN: add boxes a, b, c, ar		Year	Spouse I d on line				r of dependen	ts (c) (d) (e)	6
1. Federal Ac	djusted Gross Inco	ome or incom	e to clain	n senior citizen tax	k credit f	rom Sche	edule SC	TC-1	1			22000	.00
2. Additions t	to income (line 33	of Schedule	M)						2			10	.00
3. Subtraction	ns from income (li	ne 50 of Sch	edule M)						3	3 2200			.00
 Subtractions from income (line 50 of Schedule M) West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3) 						4		1	9810	.00			
5. Low-Income Earned Income Exclusion (see worksheet on page 23)								5				.00	
6. Total Exem	nptions as shown	above on Ex	emption I	Box (e)6	x \$2,000	D			6		1	2000	.00
-			ius lines	5 & 6) IF LESS TH	HAN ZEF	RO, ENTE	ER ZER	D	7			7810	.00
8. Income Ta X Tax Ta	x Due (Check On able Rate	e) Schedule	No	nresident/Part-yea	ar reside	nt calcula	ation sch	edule	8	236			.00



EEE ZZZZ DLN# E123456



	PRIMARY LAST NAME SHOWN ON FORM IT-140	7777	SOCIAL SECURITY NUMBER	400-00-5301	8.Total Taxes Due (line 8 from previous page)	8	236	.00
9.	•	e Tax Withheld (SEE INSTRUCTIC SALE OF REAL ESTATE)		RE IF WITHHOLDING IS FI		9	10	.00
10.	Estimated Tax Pay	ments and Payments with Schedul	e L			10		.00
		if applicable (see required schedule				11	236	.00
		Credit for property tax paid from Sc	,			12	150	.00
		s Property Tax Credit for property ta					1000	.00
						13	1000	.00
		Predit Recap Schedule (see schedu				14		
15.	Amount paid with o	original return (amended return only	()			15		.00
16.	Payments and Cre	dits (add lines 9 through 15)				16	1396	.00
17.	Overpayment prev	iously refunded or credited (amend	ed return only)			17		.00
18.	Total payments an	d credits (line 16 minus line 17)				18	1396	.00
19.	Penalty Due from F	Form IT-210. QUESTING WAIVER/ANNUALIZEI	WORKSHEET ATTA	CHED If you owe penalty, er	nter here	19		.00
20.	West Virginia Use	Tax Due on out-of-state purchases	(see Schedule UT on p	page 9). 🗙 CHECK IF NO	USE TAX DUE	20		.00
21.		dren's Trust Fund to help prevent c of your contribution 🙀 \$5 🗌 \$2		t. her \$		21	5	.00
22.	Add line 8 to the to	otal of lines 19, 20, and 21. This is y	our total amount due			22	241	.00
23.	Balance Due (line 22 minus line 18). If Line 18 is g	greater than line 22, go	o to line 24		23		.00
	· · · ·	than line 22, subtract line 22 from				24	1155	.00
	-	ment to be credited to your 2019 e	·			25	55	.00
		· · · · · · · ·			DEFLIND		1100	.00
20.		ne 24 minus line 25)				26		.00
	rect Deposit Refund		SAVINGS	123456789	08765	432	1	
0.		VYOUR ACCOUNT INFORMATION	FOR ACCURACY, INC			A \$15	ACCOUNT NUMBER	ARGE
	thorize the State Tax I	Department to discuss my return with r I declare that I have examined this retu	ny preparer YES	NO				
	Your Signature		Date Spouse's	Signature			Date Telephone N	lumber
	Preparer: Check He client is requesting form NOT be e-filed	that 7462381						
		Preparer's EIN	Signature of preparer		Printed Name		Date Telephone N	lumber
	MAIL TO:	REFUND WV State Tax Depa P.O. Box 1071 Charleston, WV 2532		BALANCE DUE State Tax Departme P.O. Box 3694 cleston, WV 25336-3				
	Check or Mo Electronic Pa	ONS: Returns filed with a balance of t ney Order - Enclose your check or mo ayment - May be made by visiting myta Payment – May be made by visiting the	ney order with your return ixes.wvtax.gov and clicki	n. ing on "Pay Personal Income T	「ax"			



SCHEDULE M FORM IT-140 W

Modifications to Adjusted Gross Income

2018

Modifications <i>increasing</i> Federal A	ajusted Gro	oss income		1			
27. Interest or dividend income on federal obligations wh	ich is exempt from	federal tax but subject to state	e tax				.00
28. Interest or dividend income on state and local bonds	other than bonds f	rom West Virginia sources					.00
29. Interest on money borrowed to purchase bonds earni	ng income exempt	from West Virginia tax					.00
30. Qualifying 402(e) lump-sum income NOT included in	federal adjusted g	ross income but subject to stat	te tax				.00
31. Other income deducted from federal adjusted gross in	ncome but subject	to state tax					.00
32. Withdrawals from a WV Prepaid Tuition/SMART529 [®] S	avings Plan NOT ι	ised for payment of qualifying e	expen	ses 32		10	.00
33. TOTAL ADDITIONS (Add lines 27 through 32). Enter	here and on Line 2	2 of Form IT-140				10	
Modifications Decreasing Federal				Column A (You	D)	Column B (Spo	
 Interest or dividends received on United States or W adjusted gross income but exempt from state tax 	est Virginia obligat	ions included in federal	34		.00		.00
 Total amount of any benefit (including survivorship annuitie police, deputy sheriffs' or firemen's retirement system. Exc 	s) received from any	West Virginia state or local	35		.00		.00
 Up to \$2,000 of benefits received from West Virginia West Virginia Public Employees' Retirement System 	Teachers' Retirem	ent System and	36		.00		.00
37. Up to \$2,000 of benefits from Federal Retirement System			00		.00		.00
Combined amounts of Lines 36 and			37		.00		.00
38. Military Retirement Modification			38		.00		.00
39. Active Duty Military pay (see instructions on page 22)	Must enclose mili	ary orders	39		.00		.00
40. Active Military Separation (see instructions on page 22)	Must enclose militar	ry orders and discharge papers	40		.00		.00
41. Refunds of state and local income taxes received and	d reported as incon	ne to the IRS	41		.00		.00
42. Contributions to the West Virginia Prepaid Tuition/Sa	vings Plan Trust Fu	inds	42	200	.00		.00
43. Railroad Retirement Board Income received			43		.00		.00
44. Check one:	nents 🗙 Autism M	odification (instructions on page 22)	44	1000	.00		.00
45. West Virginia "EZ PASS" deduction	_		45	1000	.00		.00
EZ Pass Transponder # 253516							
	ot included in hrough 45 EED 8000.00	(b) Add lines 3 through 38	4	(c) Subtract (b) fr (If less than ze			
46. YOU	.00	.0	00		.00		
47. SPOUSE	.00		00				.00
	.00						.00
48. Surviving spouse deduction (see instructions on page	e 23)		48		.00		.00
49. Add lines 34 through 48 for each column	······································		49	2200	.00		.00
). Total Subtractions (line 49, 0 Enter here and on line 3 of			50	2200	00





X

Personal Income Tax Test #5

Homestead Excess Property Tax Credit

There is a personal income tax credit for OWNER-OCCUPIED residential real property taxes paid in excess of 4% of your income. The maximum refundable tax credit is \$1,000. You must complete the schedule below to determine the amount of your credit. No credit may be taken for any homestead which is owned, in whole or in part, by any person who is not a low income person.

If this schedule is not enclosed with Form IT-140, the credit will be disallowed.

Part I – Determine if your income falls within the financial guidelines needed to take this credit.

Check here if you were required to pay Federal Alternative Minimum Tax.

Are you required to file a federal return?

YES – Your federal adjusted gross income reported to the IRS must meet the following guidelines for you to qualify for this credit:

- ► If there is only 1 person living in your home, your federal adjusted gross income must be \$36,420 or less.
- ▶ If there are 2 people living in your home, your federal adjusted gross income must be \$49,380 or less.
- ► If there are 3 people living in your home, your federal adjusted gross income must be \$62,340 or less.
- ► If there are 4 people living in your home, your federal adjusted gross income must be \$75,300 or less.
- **For each additional person add \$12,960.

NO – Your income less social security benefits must meet the following guidelines for you to qualify for this credit:

- ► If there is only 1 person living in your home, your income must be \$36,420 or less.
- If there are 2 people living in your home, your income must be \$49,380 or less.
- If there are 3 people living in your home, your income must be \$62,340 or less.
- If there are 4 people living in your home, your income must be \$75,300 or less.
- **For each additional person add \$12,960.

Part II – Determine the amount of your credit (complete this Part only if your income falls within the above guidelines)

1. Enter the total West Virginia property tax paid on your OWNER-OCCUPIED home during 2018	1	2800	.00
2. If eligible for the Senior Citizen Tax Credit enter allowable credit from line 2 of Form SCTC-1	2	150	.00
3. Subtract line 2 from line 1 and enter total (Total of property tax less Senior Citizen Tax Credit)	3	2650	.00
4. Enter your Federal Adjusted Gross Income	4	22000	.00
a. Enter the amount of increasing income modifications reported on line 33 of Schedule M	а	10	.00
b. Enter federal tax exempt income	Ь		.00
<i>c</i> . Enter amount received in 2018 in the form of earnings replacement insurance (Workers' Compensation Benefits)	с		.00
<i>d</i> . Enter the amount of Social Security benefits, including SSI and SSDI, received that are NOT included in your Federal Adjusted Gross Income	d		.00
5. Add amounts on lines 4a, 4b, 4c, and 4d	5	10	.00
6. Total Gross Income: Add amount entered on line 4 and line 5	6	22010	.00
7. Multiply amount on line 6 by 4% (0.04)	7	880	.00
 8. Is the amount on line 3 greater than the amount on line 7? X Yes. Continue to line 9 below No. Stop — you are not eligible for this tax credit 			
 Subtract the amount on line 7 from the amount on line 3 and enter the result or \$1,000 whichever is lower and enter on line 13 of IT-140. 	9	1000	.00



2018



Family Tax Credit Schedule FTC-1



A Family Tax Credit is available to certain individuals or families that may reduce or eliminate their West Virginia personal income tax. You may be entitled to this credit if you meet certain income limitations and family size. Individuals who file their income tax return with zero exemptions cannot claim the credit. Persons who pay the federal alternative minimum tax are not eligible to claim this credit. In order to determine if you are eligible for this credit, complete the schedule below and attach to Form IT-140.

If this schedule is not enclosed with Form IT-140, the credit will be disallowed.

1. Federal Adjusted Gross Income (enter the amount from line 1 of Form IT-140)	1	22000	.00
2. Increasing West Virginia modifications (enter the amount from line 2 of Form IT-140)	2	10	.00
3. Tax exempt interest reported on federal tax return (enter the amount shown on Federal Form 1040 that is not already included on line 2 of Form IT-140)	3		.00
4. Add lines 1 through 3. This is your Modified Federal Adjusted Gross Income for the Family Tax Credit	4	22010	.00
5. Enter the number of exemptions claimed from Form IT-140, sum of boxes a, b, and c (<i>This is your Family Size for the Family Tax Credit</i>)	5	6	
6. Enter the Family Tax Credit Percentage for your family size AND Modified Federal Adjusted Gross Income level from the tables on page 30. If the exemptions on line 5 are greater than 8, use the table for a family size of 8	6	100 %	
7. Enter your income tax due from line 8 of Form IT-140	7	236	.00
8. Multiply the amount on line 7 by the percentage shown on line 6 <i>This is your Family Tax Credit. Enter this amount on line 11 of Form IT-140</i>	8	236	.00

SCHEDULE
DP
(Form IT-140)

Schedule of Additional Dependents

<u>2018</u>

Use this schedule to continue listing dependents. If space is needed for more than 18 dependents, a copy of this form may be obtained from the West Virginia State Tax Department's website: tax.wv.gov.

First Name	Last Name	Social Security Number	Date of Birth







Part I

SOCIAL SECURITY NUMBER	400-00-5301	*SPOUSE'S SOCIAL SECURITY NUMBER	NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD	6
Part II				

1) TAXPAYER NAME AND ADDRESS INFORMATION					2) ALLOWABLE CREDIT					
	EEE ZZZZ JR				150.00					
	1040 EX WAY CHARLESTON	WV 25305			3) TAX YEAR	2018				
С	OUNTY	DISTRICT	MAP	PA	RCEL	SUB-PARC	EL PP ACCOUNT	Г		
	02	15	45	15	5	3	1234 5678			
	# of People in Hou	ısehold	Maximum Income \$18,210	#	^t of People	in Household	Maximum Income \$31,170			
	2		\$24,690			4	\$37,650			
_			** For each addit	ional Pe	rson, add \$	6,480				
	art III e you required to	, filo a fodoral	roturn?							
	YES — your fede for this credit:	eral adjusted g	ross income reported to				uidelines for you to qua 22,000	alify		
2.	Enter the income of	all individuals list	ed as living in the household	d but wou	ld file a tax re	eturn separate	0			
3.			If this amount is more than credit				22,000			
	NO — your incon	ne less social	security benefits must i	meet the	e following	guidelines for you	u to qualify for this cred	it:		
1.	Wages, salaries, tips	received	-		-					
2.	Interest and dividen	d income								
3.	Alimony received									
4.	Taxable pensions ar	nd annuities								
5.	Unemployment com	pensation								
6.	Other income (includ	le capital gains, g	ambling winnings, farm inco	me, etc.).						
7.	Add lines 1 through	6								
8.			paid, IRA, etc.)							
9	from the Senior Citiz	zen Tax Credit as:	ed as living in the household sociated with this return							
10.			amount is more than the ma							

YOU MUST FILE the enclosed forms to receive your credit for refund Please refer to the detailed instructions on the back...



	Personal In a Employee's social security number	come Ta	ax Te	est #5		
	400-00-5301	OMB No. 154	5-0008			
b Employer identification number (010123456	EIN)		1 Wa	ges, tips, other compensation	2 Federal income	e tax withheld
c Employer's name, address, and	ZIP code		3 So	cial security wages	4 Social security	tax withheld
MARY'S GARDEN STUP	F					
1900 KANAWHA BLVD			5 Me	edicare wages and tips	6 Medicare tax w	ithheld
CHARLESTON WV 2530)5					
			7 So	cial security tips	8 Allocated tips	
d. Control number			9 Ve	rification code	10 Dependent car	e benefits
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a	
EEE ZZZZ			13 Stat	utory Retirement Third-party	12b	
1040 EX WAY			emp	oloyee plan sick pay	C od	
CHARLESTON WV			14 Oth	ier	* 12c	
25305					C	
					12d	
f Employee's address and ZIP code	e					
15 State Employer's state ID num WV	ber 16 State wages, tips, etc. \$22,000	17 State incom \$10	ie tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality nam
т						
wage and Statemen	d Tax			Department o	of the Treasury-Interna	I Revenue Servic

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