

TAX PERIOD BEGINNING
MM/DD/YYYY

ENDING
MM/DD/YYYY

EXTENDED
DUE DATE
MM/DD/YYYY

ENTITY NAME			FEIN	
MAILING ADDRESS			WV PASS THROUGH ENTITY ACCOUNT NUMBER	
CITY	STATE	ZIP	<input type="checkbox"/> CHANGE OF ADDRESS	
STATE OF DOMICILE	NAICS	CONTACT NAME		CONTACT PHONE

CHECK ALL APPLICABLE BOXES

1) ENTITY TYPE S-CORPORATION (INCLUDE 1120S) PARTNERSHIP (INCLUDE 1065)

2) RETURN TYPE ANNUAL INITIAL FINAL AMENDED OTHER
 52/53 WEEK FILER DAY OF WEEK ENDING _____ FISCAL

3) IF FINAL/SHORT/INITIAL RETURN CEASED OPERATIONS IN WV CHANGE OF OWNERSHIP CHANGE OF FILING STATUS MERGER
 SUCCESSOR FEIN OF PREDECESSOR: TECHNICAL TERMINATIONS OTHER _____

4) REPORTABLE ENTITIES (SCHEDULE C):
 ANY PTE YOU ARE A PARTNER, MEMBER, OR SHAREHOLDER DOING BUSINESS IN WV
 ANY ENTITY YOU OWN 80% OF VOTING STOCK ANY DISREGARDED ENTITY
 ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK ANY CONTROLLED FOREIGN CORPORATION

	A INCOME	B WITHHOLDING
5) WV DISTRIBUTIVE INCOME OF RESIDENTS.....	.00	
6) WV DISTRIBUTIVE INCOME OF NONRESIDENTS FILING ON A NONRESIDENT COMPOSITE TAX RETURN AND WITHHOLDING DUE (SCHEDULE SP, COLUMN F).....	.00	.00
7) WV DISTRIBUTIVE INCOME OF NONRESIDENTS SUBJECT TO WV WITHHOLDING TAX THAT ARE NOT FILING A NONRESIDENT COMPOSITE TAX RETURN AND WITHHOLDING DUE (SCHEDULE SP, COLUMN G).....	.00	.00
8) WV DISTRIBUTIVE INCOME OF NONRESIDENTS WHO HAVE ATTESTED ON A NRW-4 THAT THEY WILL FILE AND PAY WV INCOME TAX DIRECTLY	.00	
9) TOTAL WV INCOME (SUM OF LINE 5 THROUGH 8, MUST MATCH SCHEDULE A, LINE 13).....	.00	
10) TOTAL WV WITHHOLDING DUE (LINE 6 PLUS LINE 7).....		.00



NAME

FEIN

10. Total WV-withholding due (from previous page).....	10		.00
11. Prior year carryforward credit.....	11		.00
12. Estimated and extension payments.....	12		.00
13. Total Withholding credits (see instructions)	13		.00
<input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE)			
14. Payments (add lines 11 through 13; must match total on Schedule C)	14		.00
15. Overpayment previously refunded or credited (amended return only)	15		.00
16. TOTAL PAYMENTS (subtract line 15 from line 14).....	16		.00
17. Tax Due – If line 16 is smaller than line 10, enter amount owed. If line 16 is larger than line 10 skip to Line 21	17		.00
18. Interest for late payment.....	18		.00
19. Additions to tax for late filing and/or late payment.....	19		.00
20. Total Due with this return (add lines 17 through 19) Make check payable to West Virginia State Tax Department	20		.00
21. Overpayment (Line 16 less line 10).....	21		.00
22. Amount of line 21 to be credited to next year's tax	22		.00
23. Amount to be refunded (line 21 minus line 22).....	23		.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. PLEASE SEE PAGE 3 OF INSTRUCTIONS FOR PAYMENT OPTIONS.

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.

Signature of Officer/Partner or Member Print name of Officer/Partner or Member Title Date Email Business Telephone Number

Signature of paid preparer Printed Name Firm's name and address Date Email Preparer's Telephone Number

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT TAX ACCOUNT ADMINISTRATION DIVISION PO BOX 11751 CHARLESTON WV 25324-1751

