

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 WITHHOL- ING 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 1202 CHARLESTON WV 25324-1202

