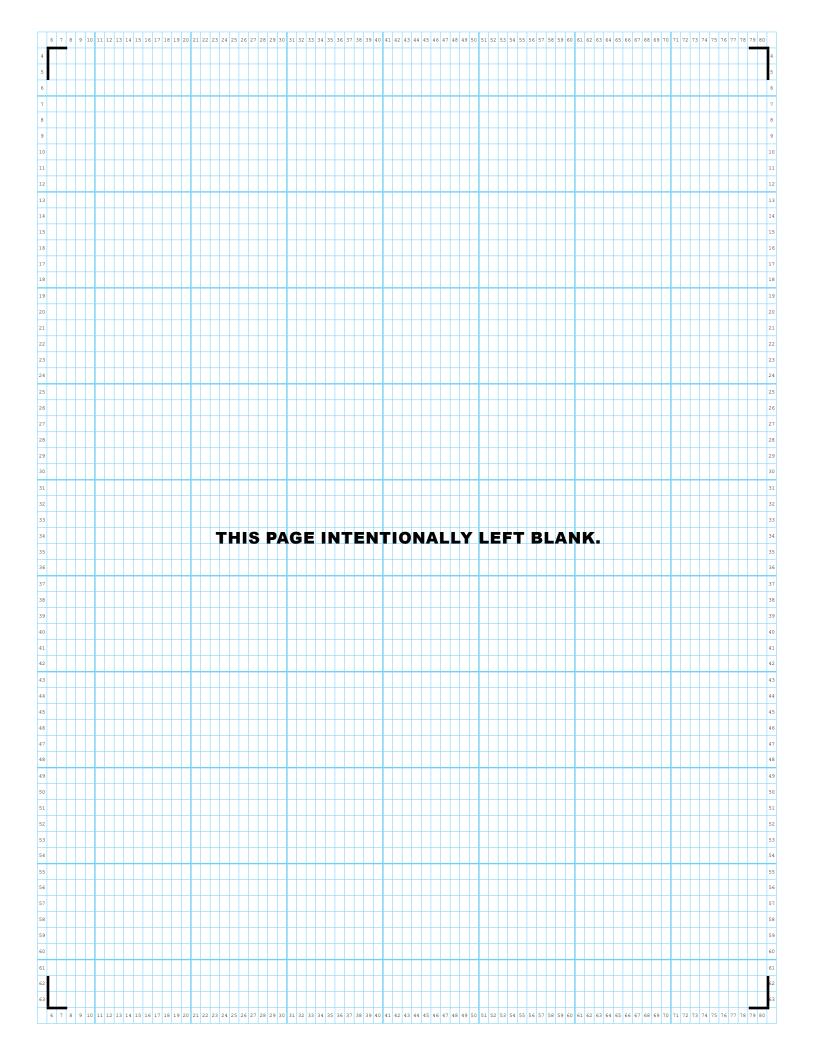
		De	eceased X		*SPOUSE'S			Deceas	ed X		
SECURITY NUMBER XX	X XX	XXXX	Date of Death:	MMDDYYYY	SOCIAL SECURITY NUMBER	XXX	XX XXX	X Dat	e of Death:	MMDDY	(YYY
LAST NAME		XXXXXXX vvvvvvv		XXXXXXXXX	SUFFIX XXX	YOUR FIRST	vvvv	vvvvv		VV M	11 X
SPOUSE'S				XXXXXXXX		NAME SPOUSE'S		XXXXXX			
	XXXXX	XXXXXXX	XXXXXXX	XXXXXXXX	SUFFIX XXX	FIRST NAME	XXXXX	XXXXXX	XXXX	XX	1I X
IRST LINE OF					SECOND LINE OF ADDRESS					* 7 * 7 * 7 * 7 *	7 7 7 7 7 7 7
XX	XXXXX	XXXXXXX		XXXXXXXX		XXXX	XXXXXX	XXXXXX	.XXXX	XXXXX	XXX
CITY	XXXXX	XXXXXXX	XXXXXXX	XXXXXXXX	STATE XX	ZIP CODE	XXXX	X XXXX	,		
TELEPHONE NUMBER		F	EMAIL			E					
XX	X XXX	XXXX		XXXXXXXXX	XXXXXXXX			^{D/YYYY} XX	XX	XXX	X
Amended return		eck before 4/15/21 i bended return only)		the original debit	X Nonresid	dent	X Nonresi	lent/ r Resident		orm WV-837 In injured spo	
		ended return only)			Special		- Fait-lea		a	n njureu spo	Juse
										Yourself (;	
FILING	;	Exemp	tions (If	someone can claim	you as a dependent,	leave box (a		nter "1" in box and b if they ap		Spouse (
STATU	S	c. List your de	ependents. If mo	ore than five depende	ents, continue on Sch	hedule DP on	page 40.				, 11
(Check One)			First name		Last name		Social S Num			of Birth	
X Single		vvvvvv	vvvvvv		xxxxxxxx	vvvv	vvvvv	vvv	MMDD	vvvv	+++-
X Head of Hou	sehold		XXXXXXX				XXXXXX			TTTT	+++-
		XXXXXX	XXXXXXX	XXXXX XXX	XXXXXXXXX	XXXXX	XXXXXX	XXXX	MMDD	YYYY	
3 X Married, Filir	g Joint										
X Married, Filir	a	XXXXXX	XXXXXXX	XXXXX XXX	XXXXXXXXX	XXXX	XXXXXX	XXX	MMDD	YYYY	+++-
Separate	9	XXXXXX	XXXXXXX	XXXXX XXX	xxxxxxxx	XXXXX	XXXXXX	XXX	MMDD	YYYY	
*Enter spouse's											
name in the boy	es above		XXXXXXX		XXXXXXXXX	XXXXX	XXXXXX	XXX	MMDD	YYYY	V
⁵ X Widow(er) w	th			viving spouse (see p XX−XX−XX>		Died. YY		ter total numb	er of depe	endents (c (c	1 37
dependent c				d boxes a, b, c, and				ro, enter \$500	on line 6 br		e) X
Federal Adjuste	d Gross Ir	come or incor	me to claim s	enior citizen tax o	redit from Sched	Iule SCTC.	1 1	XXXXX	XXXX	XXXX	.00
. Todorar/tajuota											
. Additions to inc	ome (line S	55 of Schedule	∍ M)				2	XXXXX	XXXX	XXXX	.00
. Subtractions fro								XXXXX		vvvv	.00
. Subtractions in	mincome	(line 46 of Sch	iedule M)						.21212121		
	djusted Gr	oss Income (lir	ne 1 plus line	2 minus line 3)			4	XXXXX	XXXX	XXXX	.00
. West Virginia A							E			<u> </u>	.00
	rned Incor	ne Exclusion (see workshee	et on page 23)			5	XXXXX			.00
. West Virginia A . Low-Income Ea		vn above on E>	xemption Box	(e) x	\$2,000		6	XXXXX	XXXX	XXXX	.00
. Low-Income Ea	is as show										
. Low-Income Ea				6) IF LESS THA	N ZERO, ENTER	RZERO	7	XXXXX	.XXXX	XXXX	.00
. Low-Income Ea		ome (line 4 miı	nus lines 5 &						+	VVVV	
. Low-Income Ea	axable Inco				•••••••••••			XXXXX	XXXX	ΔΛΛΛ	.00
Low-Income Ea Total Exemption West Virginia T	axable Inco e (Check C	Dne)		ent/Part-year reside	ent calculation sch	nedule		XXXXX	XXXX		.00
Low-Income Ea Total Exemption West Virginia T Income Tax Du	axable Inco e (Check C	Dne)		ent/Part-year reside	ent calculation sch	nedule		XXXXX	XXXXX		.00
Low-Income Ea Total Exemption West Virginia T Income Tax Du	axable Inco e (Check C X Rate	Dne)	X Nonreside	ent/Part-year reside				XXXXX	XXXX		

•	6 7	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 44 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	61 62	63 64 65 66 67 68 69 70 71 72 73 74	75 76 77 78 7	79 80
4 5		PRIMARY LAST NAME SHOWN ON FORM IT-140 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	8	xxxxxxxxxx	.00	4
6 7	9.	Credits from Tax Credit Recap Schedule (see schedule on page 5) (now includes the Family Tax Credit)	9	XXXXXXXXXXX	.00	6
8						8
9 10	10.	Line 8 minus 9. If line 9 is greater than line 8, enter 0	10	XXXXXXXXXXX	.00	9
11	11.	Overpayment previously refunded or credited (amended return only)	11	XXXXXXXXXXX	.00	11
12	12.	Penalty Due from Form IT-210 X CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here	12	xxxxxxxxxx	.00	12
14	13.	West Virginia Use Tax Due on out-of-state purchases				14
15		(See Schedule UT on page 9).	13	XXXXXXXXXXX	.00	15
17	14.	Add lines 10 through 13. This is your total amount due	14	XXXXXXXXXXX	.00	17
19	15.	West Virginia Income Tax Withheld (See instructions)	15	XXXXXXXXXXX	.00	19
20	16	Estimated Tax Payments and Payments with Schedule 4868	16		.00	20
22						22
23 24	17.	Non-Family Adoption Tax Credit if applicable (include Schedule WV NFA-1)	17		.00	23
25	18.	Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-1)	18	XXXXXXXXXX	.00	25
26 27	19.	Hømestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1)	19	xxxxxxxxxx	.00	26
28	20				00	28
29 30	20.	Amount paid with original return (amended return only)	20	XXXXXXXXXXX	.00	30
31	21.	Payments and Refundable Credits (add lines 15 through 20)	21	XXXXXXXXXX	.00	31
33	22.	Balance Due (line 14 minus line 21). If Line 21 is greater than line 14, complete line 23 PAY THIS AMOUNT	22		.00	33
34 35	23	Line 21 minus line 14. This is your overpayment	23	XXXXXXXXXXX	.00	34
		Donations of part or all of line 23. Indicate below and enter the sum of columns 24A, 24B, and 24C on Line 24 24A, WEST VIRGINIA 24B, WEST VIRGINIA DEPARTMENT OF 24C, DONEL C, KINNARD MEMORIAL	201			36
37 38		CHILDREN'S TRUST FUND VETERANS ASSISTANCE STATE VETERANS CEMETERY				37
39		xxxxxxxxxxxxxx xxxxxxxxxxx	24	XXXXXXXXXX	.00	39
40	25.	Amount of Overpayment to be credited to your 2021 estimated tax	25	xxxxxxxxxx	.00	40
42	26	Refund due to you (line 23 minus line 24 and line 25)	26		.00	42
-		rect Deposit	201			44
45 46	of	Refund X CHECKING X SAVINGS XXXXXXXX XXXXX ROUTING NUMBER		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	45
47		PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN	A \$15.	00 RETURNED PAYMENT CH	ARGE.	47
-		horize the State Tax Department to discuss my return with my preparer X YES X NO er penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of my know.	ledge i	and belief, it is true, correct and	d complete	48
50						50
51 52 Y	our \$	IMDDYYYY IMDDYYYY Signature Date	DY	YYY XXX XXX Telephone Numb		XX 51 52
53	3.7	Preparer: Check HERE if client is			.7 .7.7.7.5	53
55	X	Inclusion of the form XXXXXXXXX MMD NOT be e-filed Preparer's EIN Signature of preparer other than above Date	DY.	YYY XXX XXX Telephone Numb		XX 55
56 57	v				XXXXX	XX 56
58		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	.^^.			58
59		FOR REFUND, MAIL TO THIS ADDRESS: FOR BALANCE DUE, MAIL TO THIS ADDRESS:				59
60		WV STATE TAX DEPARTMENT WV STATE TAX DEPARTMENT				60
60 61		WV STATE TAX DEPARTMENT P.O. BOX 1071 CHARLESTON, WV 25324-1071 CHARLESTON, WV 25336-3694				60
_		WV STATE TAX DEPARTMENT P.O. BOX 1071 WV STATE TAX DEPARTMENT P.O. BOX 1071 P.O. BOX 3694				

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5		fications to <i>l</i>	Adjusted Gr	0	ss Income	2020	
7	Modifications Decreasing Fed	deral Adjusted Gros	ss Income		Column A (You)	Column B (Spous	ie)
8 9	27. Interest or dividends received on allowance for government obligation but exempt from state tax	United States or West income, included in feder	Virginia obligations, or ral adjusted gross income	27	.00		00
10 11	28. Total amount of any benefit (includ federal retirement systems by retire	ding_survivorship_annuitie d federal law enforcemen	es) received from certain t officers	28	.00		00
12 13	29. Total amount of any benefit (including police, deputy sheriffs' or firemen's retire	survivorship annuities) recei ement system, WV DNR. Ex	ived from WV state or local cluding PERS –see page 22	29	.00		00
14 15	30. Military Retirement Modification			30	.00		00
16	31. Other Retirement Modification	Column A (You)	Column B (Spouse)				
17	(a) West Virginia Teachers' and Public Employees' Retirement	.00	.00		Add lines 31 (a) and (b). If that su	n is greater than \$2000, enter \$2	2000
.9 20	(b) Federal Retirement Systems (Title 4 USC §111)	.00	.00	31	.00		00
21 22	32. Certain assets held by subchapter \$	S Corporation bank	·····	32			
23	33. Social Security Benefits Modification						
24 25	(a) Social Security Benefits.(b) Benefits exempt for Federal tax	.00	.00		You cannot claim this modifica \$ 50,000 for SINGLE or M \$100,000 for MARRIED JC	ARRIÉD SEPARATE filers	
26 27	(c) Benefits taxable for Federal tax	.00	.00		Multiply 33 (c) by 0.35		
28 29	purposes	.00	.00	33	.00		00
1		•••••••••••••••••••••••••••••••••••••••		34	.00		00
32	35. Active Military Separation (see instr Must enclose military orders and dis	uctions on page 22) scharge papers		35	.00		00
34	36. Refunds of state and local income ta	axes received and reporte	d as income to the IRS	36	.00		00
36	37. Contributions to the West Virginia P	repaid Tuition/Savings Pla	an Trust Funds	37	.00		00
37	38. Railroad Retirement Board Income I	received	· · · · · · · · · · · · · · · · · · ·	38	.00		00
39 10	39. Long-Term Care Insurance			39	.00		00
11 12	40. IRC 1341 Repayments			40	.00		00
13 14	41. Autism Modification (instructions on p	oage 22)		41	.00		00
15 16	42. ABLE Act			42	.00		00
17 18	43. PBGC Modification (a) retirement benefits that would have been	.00	.00		Subtract line 43 (b) from (a)		
19 50	paid from your employer-provided plan (b) retirement benefits actually received from PBGC	.00	.00	43	.00		00
51 52	44. Qualified Opportunity Zone busines	s income		44	.00		00
53 54	(a) Year of birth (b) Year of (c) (65 or older) disability 45.) Income not included in lines 32 to 44 (NOT TO EXCEED \$8000)	(d) Add lines 27 through 31		Subtract line 45 column (d) from	n (c) (If less than zero, enter z	ero)
55 56	You	.00	.00		.00		
57 58	Spouse	.00	.00	45			00
59 50		46. Su	urviving spouse deduction nstructions on page 23)	46	.00		00
51 52			ifications Decreasin	ng l	Federal Adjusted Gro	ss Income	
53	I D 4 0 2 0 2	0 0 3					
1	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	26 27 28 29 30 31 32 33 34 35 36 37 3	38 39 40 41 42 43 44 45 46 47 48 49 50	51 52	53 54 55 56 57 58 59 60 61 62 63 64 65 6	6 67 68 69 70 71 72 73 74 75 76 77 78	79 80

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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	14 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59	9 60 61 62 63 64 65 66 67 68 69 7	0 71 72 73 74 75 76 77 78 79 80
RECAP (FORM IT-140) Tax Credit Reca	n Schedule	2	020
			e
⁷ This form is used by individuals to summarize tax credits that ⁸ completing this summary form, each tax credit has a schedule of the summary form, each tax credit has a schedule of the summary form, each tax credit has a schedule of the summary form, each tax credit has a schedule of the summary form, each tax credit has a schedule of the summary form, each tax credit has a schedule of the summary form, each tax credit has a schedule of the summary form, each tax credit has a schedule of the summary form, each tax credit has a schedule of the summary form, each tax credit has a schedule of the summary form, each tax credit has a schedule of the summary form as the summary form, each tax credit has a schedule of the summary form as the summary form, each tax credit has a schedule of the summary form as the summary form, each tax credit has a schedule of the summary form as the summary form, each tax credit has a schedule of the summary form as the sum as			
[*] be claimed. Both this summary form and the appropriate credi			
["] with your return in order to claim a tax credit. Information for all "at tax.wv.gov or by calling the Taxpayer Services Division at 1-		be obtained by Vis	siting our website
² Note: If you are claiming the Schedule E credit(s) or the Ne		t Program Credit	
ger required to enclose the other state(s) return(s) or the N			
other state(s) return(s) or NIPA-2 schedule in your files.			1
WEST VIRGINIA TAX CRE	DIT RECAP SCHE	DULE	1
	SCHEDULE	APPLICAE	
		1	2
 Credit for Income Tax paid to another state(s) 			.00 2
** For what states?			2
5 2. Family Tax Credit (see page 39)	FTC-1	2	.00
3. General Economic Opportunity Tax Credit	WV EOTC-PIT	3	.00 2
			2
4. WV Environmental Agricultural Equipment Credit	WV AG-1	4	.00 2
5. WV Military Incentive Credit	J	5	.00
2 3 6. Neighborhood Investment Program Credit	NIPA-2	6	3
			3
7. Historic Rehabilitated Buildings Investment Credit	RBIC	· · · · · · · · · · · · · · · · · · ·	.00 3
8. Qualified Rehabilitated Buildings Investment Credit	RBIC-A	8	.00
9. Apprenticeship Training Tax Credit	WV ATTC-1	9	.00 ³
10. Alternative-Fuel Tax Credit	AFTC-1	10	4
	AFTO-1		4
11. Conceal Carry Gun Permit Credit	CCGP-1	11	.00 4
5 12. Farm to Food Bank Tax Credit		12	.00
13. Downstream Natural Gas Manufacturing Investment Tax Credit		13	4
			4
14. Post Coal Mine Site Business Credit	PCM-2	14	.00 4
15.TOTAL CREDITS — add lines 1 through 14. Enter on Form IT-140, lin	ne 9	15	.00 5
**You cannot claim credit for taxes paid to KY, MD, PA, OH, or VA u	Inless your source income is	other than wages an	d/or salaries.
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5 6 _			s
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8 9			S
o			6 88/11 88/8/ 8/1/ 1881
2			6
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	14 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59	9 60 61 62 63 64 65 66 67 68 69 7	71 72 73 74 75 76 77 78 79 80



<u>(</u>	(Form IT-140)			o Refund Due Dece schedule to deceder		2020
	E OF			NAME OF		
	EDENT			CLAIMANT		
TE O		SOCIAL SECURITY	r	SOCIAL SECURITY		
EATI		NUMBER		NUMBER		
	ESS anent residence or ile at date of death)			ADDRESS		
			ZIP			ZIP
CITY	(STATE	CODE	CITY	STATE	CODE
n f	filing this statemen	t as (check only or	le box):			
		usband, claiming a r		bint return		I A LIST TO THIS SCH
						ONTAINING THE NAM DRESS OF THE SURV
	Administrator or ex	kecutor. Attach a cou	int certificate showin	g your appointment.		OUSE AND CHILDREN
		state of the deceden h certificate or proof		Complete the rest of this sched	ule and attach	THE DECEDENT.
				ONLY IF BOX C ABOVE		
						YES
	Did the decedent le	ave a will?				
a).	.Has an administrato	or or executor been a	appointed for the es	tate of the decedent?		
,	If "NO" will one be a			• • • • • •		•••••••••••••••••••••••••••••••••••••••
	If 2(a) or 2(b) is ch	ecked "YES", do n	ot file this form. In	ne administrator or executor s	hould file for the refund.	
	Will you as the clai	mant for the estate o	of the decedent dist	ourse the refund according to the	e laws of the state in whic	n the decedent
	was domiciled or ma					
				submission of proof of your a		rator or execu-
	tor or other evider	ice showing that yo	วน are authorized เ	Inder state law to receive pay	ment.	
			SIGNATI	JRE AND VERIFICATIO	N	
ere	eby make request	for refund of taxe		on behalf of the decedent a		lties of perjury, that I h
				belief, it is true, correct and o		
Ina	ature of claimant _				Date	
Ina	ature of claimant _				Date	
		an authentic copy	of a telegram or I	etter from the Department of		next of kin of death whi
ay	/ be the original of			etter from the Department of iate officer of the Departmen	Defense notifying the r	next of kin of death whi
ay	/ be the original of				Defense notifying the r	next of kin of death whi
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SC	HEDULES 6							
	1 2. F	ertification	for Perma	anent an	d Iotal L	Disability	2020	
(Fo	окм IT-140) ar	nd Credit for	r Income	<u>Tax Paic</u>	I to Anot	her State	2020	
		AYERS WHO						
		physician as being permar D DURING 2020, read the						had be
Εı	f you qualify, you must (1) enter the name of and soc	ial security number of th	e disabled taxpayer	in the space provide	d on this form, (2) have a	physician complete the re	
	of the certification statem letermine vour modification	nent and return it to you, (3 ion.) enclose the completed	certification with yo	our West Virginia pe	rsonal income tax return,	and (4) complete Sched	dule M
<u>s</u> v		RAL SCHEDULE R (PART						OTAT
1.1.1		West Virginia State Tax Dep 2020, you do not have to su						
	equest verification at a la	ater date. of perjury that the taxpayer r	amed below was perma	anently and totally di	sabled on or before	December 31, 2020		
AND								
		Name of Disabled	Taxpayor			Social Security Nur	mbor	
			Тахрауег			Social Security Nul		
ERMANEN		Physician's Na	ame			Physician's FEIN Nu	ımber	
PER								
Ч		Physician's Street	Address					
RTIFICATION		City			Sta	te	Zip Code	
E E	Physicians			Date				
ERT	Signature				MM	DD	YYYY	
	Resident			DDRESS, SIGNATURE, D				
[Resident							
	Nonresident – di	d not maintain a reside	RESI	DENCY ST	FATUS ble year (NO CR	EDIT IS ALLOWED)		
	Nonresident – di Part-Year Reside	ent – maintained a resid	RESI	DENCY ST	FATUS ble year (NO CR	EDIT IS ALLOWED)		
	Nonresident – di	ent – maintained a resid	RESI nce in West Virginia lence in West Virgin	DENCY ST	FATUS ble year (NO CR	EDIT IS ALLOWED)		
ATE	Nonresident – di Part-Year Reside	ent – maintained a resid re: MM DD	RESI	DENCY ST	FATUS ble year (NO CR	EDIT IS ALLOWED)		
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FO ANOTHER	Nonresident – di Part-Year Reside date of your mov Moved into We Moved out of Moved	ent – maintained a resid re: MM DD est Virginia West Virginia, but had V West Virginia and had v MPUTED on your 2020	RESI nce in West Virginia lence in West Virgin YYYY West Virginia source no West Virginia sou	DENCY ST during the taxal na for part of the income during urce income during return. Do no	FATUS ble year (NO CR year; check the your nonresident ng your nonresid	EDIT IS ALLOWED) box which describes period ent period		nter 1
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	lse Tax is a tax on the use of ta												
	internet purchases, magazine s vorks, and other purchases of f			order purchases, ou	t-of-state pu	urchases, telep	hone	e pui	chase	s origii	nating	out-of-	state
detailed in	structions on the Schedule UT	Г, see page 1	0.										
art I													
art I	State Use Tax Calc	ulation											
Amount of	purchases subject to West Vir	rainia Use Ta	Y					\$					
			A					F					
Vest Virgi	nia Use Tax Rate			·····			2						•
Nest Virgi	nia State Use Tax (Multiply line	e 1 by rate or	n line 2.	Enter amount here	and on line	e 9 below)	3	\$					
art II	Municipal Use Tax	Calculat	ion										
	City/Town Name*	F		ses Subject to	Ta	ax Rate					l Tax		1-)
			wuni	cipal Use Tax				(P	urcnas	ses mu	ıltiplied	a by ra	te)
a		4b	\$		4c		4d	\$					
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۱		5b	\$		5c		5d	\$					
		Ch	¢		6.0		Gd	¢					
1		6b	\$		6c		6d	\$					
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	nicipal Use Tax (add lines 4d tl			here and on line 10			7d 8	\$ \$					
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	nicipal Use Tax (add lines 4d t			here and on line 1									
Total Mu	nicipal Use Tax (add lines 4d the second sec			here and on line 10									
Total Mun	Total Amount Due	hrough 7d ar		here and on line 10			8	\$					
Total Mu		hrough 7d ar		here and on line 10									
Total Mun	Total Amount Due e Use Tax due (from line 3)	hrough 7d ar		here and on line 10			8	\$					
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Total Mun rt III Fotal State Total Mun Total Use	Total Amount Due e Use Tax due (from line 3) nicipal Use Tax due (from line 8 e Tax Due (add lines 9 & 10 and	hrough 7d ar 8)	nere an	d on line 13 of Form	D)		8 9 10 11	\$ \$ \$ \$					
Total Mun rt III Fotal State Total Mun Total Use	Total Amount Due e Use Tax due (from line 3) nicipal Use Tax due (from line 8	hrough 7d ar 8)	nere an	d on line 13 of Form	D)	alities that	8 9 10 11	\$ \$ \$ \$		Jse T	ax.		
Total Mun rt III Total State Total Mun Total Use	Total Amount Due e Use Tax due (from line 3) nicipal Use Tax due (from line 8 e Tax Due (add lines 9 & 10 and	hrough 7d ar 8)	nere an	d on line 13 of Form	D)	alities that	8 9 10 11	\$ \$ \$ \$		Jse T	ax.		
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Total Mun rt III Fotal State Total Mun Total Use	Total Amount Due e Use Tax due (from line 3) nicipal Use Tax due (from line 8 e Tax Due (add lines 9 & 10 and	hrough 7d ar 8)	nere an	d on line 13 of Form	D)	alities that	8 9 10 11	\$ \$ \$ \$		Jse T			
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Total Mun rt III Total State Total Mun Total Use	Total Amount Due e Use Tax due (from line 3) nicipal Use Tax due (from line 8 e Tax Due (add lines 9 & 10 and	hrough 7d ar 8)	nere an	d on line 13 of Form	D)		8 9 10 11	\$ \$ \$ \$					
Total Mun Total State Total Mun Total Use	Total Amount Due e Use Tax due (from line 3) nicipal Use Tax due (from line 8 e Tax Due (add lines 9 & 10 and	hrough 7d ar 8)	nere an	d on line 13 of Form	D)		8 9 10 11	\$ \$ \$ \$					
Total Mun rt III Total State Total Mun Total Use	Total Amount Due e Use Tax due (from line 3) nicipal Use Tax due (from line 8 e Tax Due (add lines 9 & 10 and	hrough 7d ar 8)	nere an	d on line 13 of Form	D)		8 9 10 11	\$ \$ \$ \$					
Total State Total Mur Total Use	Total Amount Due e Use Tax due (from line 3) nicipal Use Tax due (from line 8 e Tax Due (add lines 9 & 10 and	hrough 7d ar 8)	nere an	d on line 13 of Form	D)		8 9 10 11	\$ \$ \$ \$					
Total Mun Total State Total Mun Total Use	Total Amount Due e Use Tax due (from line 3) nicipal Use Tax due (from line 8 e Tax Due (add lines 9 & 10 and	hrough 7d ar 8)	nere an	d on line 13 of Form	D)		8 9 10 11	\$ \$ \$ \$					
Total Mun rt III Total State Total Mun Total Use	Total Amount Due e Use Tax due (from line 3) nicipal Use Tax due (from line 8 e Tax Due (add lines 9 & 10 and	hrough 7d ar 8)	nere an	d on line 13 of Form	D)		8 9 10 11	\$ \$ \$ \$					

SCHEDULE UT INSTRUCTIONS

You owe use tax on the total purchase price of taxable tangible personal property or taxable services (hereinafter called property) that you used, stored, or consumed in West Virginia upon which you have not previously paid West Virginia sales or use tax. The use tax applies to the following: internet purchases, magazine subscriptions, mail-order purchases, out-of-state purchases, telephone purchases originating out-of-state, TV shopping networks and other purchases of taxable items. Schedule UT <u>must</u> be filed with IT-140 if the taxpayer is reporting use tax due.

Examples of reasons you may owe use tax:

- 1. You purchased property without paying sales tax from a seller outside of West Virginia. You would have paid sales tax if you purchased the property from a West Virginia seller.
- You purchased property without paying sales tax for resale (to sell to others) or for a nontaxable use. You then used the property in a taxable manner.
- You purchased property without paying sales tax and later gave the property away free to your customers.

PART I. STATE USE TAX CALCULATION (includes purchases or lease of tangible personal property or taxable service made using direct pay permit)

Line 1 – Enter the total dollar amount of all purchases made during the 2020 tax year that are subject to the 6% use tax rate.

Line 3 – Multiply the amount on line 1 by the use tax rate on line 2.

PART II. MUNICIPAL USE TAX CALCULATION

You owe municipal use tax on the total purchase price of taxable tangible personal property or taxable services that you used, stored, or consumed in a municipality that has imposed sales and use tax upon which you have not previously paid sales or use tax.

For municipal tax paid in another municipality. West Virginia sales and use tax law provides a credit for sales or use taxes that are properly due and paid to another state or municipality on property or services purchased outside of the State or municipality in which you are located and subsequently stored, used or consumed inside the State or municipality. The credit is allowed against the total of West Virginia state and municipal use taxes imposed on the same property or services purchased in the other state or municipality.

Note: When the combined state and municipal taxes paid to the other state/municipality equals or exceeds the combined West Virginia state and municipal use tax, no entry is required on the West Virginia Purchaser's Use Tax Schedule (Schedule UT) to report the purchase or the credit for tax paid to the other state/municipality on the same purchase. Example: You purchase an item subject to tax in Ohio and pay 7% sales tax (6% state tax and 1% local tax). You live in an area in West Virginia that imposes a 1% municipal use tax with the State rate 6%, for a total 7%. You would not report the purchase on the schedule nor on your Personal Income Tax return since the combined rates are the same in Ohio and the city in West Virginia.

The following example includes a situation a person may encounter with respect to West Virginia state, and municipal sales and use taxes, if they purchase items outside West Virginia or from a different municipality and are required to pay sales or use taxes to the other state and/or municipality.

The example provides information on how to use the amount of sales tax paid to the other state as a credit against West Virginia state and municipal use taxes imposed and how to compute and report the West Virginia state and municipal taxes due.

You bring equipment into West Virginia for use in a municipality which imposes municipal sales and use tax. You can determine the West Virginia state and municipal use tax as follows:

USE TAX – STATE

1. Purchase price	\$10,000.00
2. 6.0% West Virginia State use tax (\$10,000 x .06)	600.00
 Less 4.0% sales/use tax paid to State B (\$10,000 x .04) 	(400.00)
4. Net use tax due to West Virginia	200.00
5. Measure of tax (\$200 ÷ .06 tax rate)	\$ 3,333.34
You should include the \$3,333.34 in Part I,	line 1 of the

West Virginia Purchaser's Use Tax Schedule.

USE TAX – MUNICIPAL	
1. Purchase price	\$10,000.00
2. 1.0% Municipality A sales/use tax (\$10,000 x .01)	100.00
 Less .5% sales/use tax paid to Municipality B (\$10,000 x .005) 	(50.00)
4. Net use tax due to municipality A	50.00
5. Measure of tax (\$50 ÷ .01 tax rate)	\$ 5,000.00
You should include the \$5,000 in Part II, line appropriate municipality.	4b-7b under

Line 4a – 7a – Enter the name of the municipality.

Line 4b - 7b - Enter total purchases subject to the use tax.

Line 4c – 7c – Enter the tax rate. See www.tax.wv.gov for a complete list of municipalities and rates.

Line 4d – 7d – Multiply total purchases by the tax rate and enter total.

Line 8 - Add lines 4d through 7d and enter total.

PART III. TOTAL AMOUNT DUE

Line 9 - Enter total State Use Tax due (from line 3).

Line 10 - Enter total Municipal Use Tax due (from line 8).

Line 11 – Enter total Use Tax due. Add lines 9 and 10 and enter total here and on line 13 of Form IT 140.

	A Nonresi	dents	Part-Ye	ar Res	siden	ts			20	20	
			ule of Ir	ncome					LU	20	
	PART-YEAR RESI Enter period of West Virginia r		FROM: MM/DD/YYYY				MM/DD/	TO: YYYY			
То	o Be Completed By Nonresidents and Part-Year Residents Only)		COLUMN A:			OLUMN B:		(COLUMN C:		
	INCOME	AMOUNT F	ROM FEDERAL	RETURN	WV	DURING PEF		NONRE	CE INCOME SIDENT PE	RIOD	
1.	Wages, salaries, tips (withholding documents)	1		.00			.00			.00	+
•											
2.	Interest	2		.00			.00			.00	+
3.	Dividends	3		.00			.00			.00	
4.	IRAs, pensions and annuities	4		.00			.00			.00	-
5.	Total taxable Social Security and Railroad Retirement										
	benefits (see line 33 and 38 of Schedule M)	5		.00			.00			-	
3.	Refunds of state and local income tax (see line 36 of Schedule M)	6		.00			.00			-	-
7	Alimony received	7		.00			.00			-	
<i>י</i> .		1		.00			.00			-	-
3.	Business profit (or loss)	8		.00			.00			.00	
Э.	Capital gains (or losses)	9		.00			.00			.00	-
10	0. Supplemental gains (or losses)	10		.00			.00			.00	
11.	1. Farm income (or loss)	11		.00			.00			.00	
12	2. Unemployment compensation insurance	12		.00			.00			.00	
	3. Other income from federal return (identify source)			.00			.00				
		13		.00			.00			.00	
14.	4. Total income (add lines 1 through 13)	14		.00			.00			.00	-
AC	DJUSTMENTS										
15.	5. Educator expenses	15		.00			.00			.00	-
10		10									
16	6. IRA deduction	16		.00			.00			.00	-
17.	7. Self-employment tax deduction	17		.00			.00			.00	
18	8. Self Employed SEP, SIMPLE and qualified plans	18		.00			.00			.00	-
19.	9. Self-employment health insurance deduction	19		.00			.00			.00	_
20	0. Penalty for early withdrawal of savings	20		.00			.00			.00	
		21		.00			.00			.00	-
	T. Other adjustitients (See instructions page 23)	22		.00			.00			.00	
	3 Adjusted gross income										
	(subtract line 22 from line 14 in each column)	23		.00			.00			.00	+
24	4. West Virginia income (line 23, Column B plus colum	,					24			.00	
			ne subject to npt from fede			ie tax but	25			.00	+
			West Virgini				06				
		Enter	r here and or	line 2 on ti	ne next p	age	26			.00	+

-	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 9 30 31 32 33 4 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 7 SCHEDULE	79 80
4	A Nonresidents/Part-Year Residents 2020	
6		
7	SCHEDULE A (CONTINUED)	
9	PART I: NONRESIDENT/PART-YEAR RESIDENT TAX CALCULATION	
10		
11	. Tentative Tax (apply the appropriate tax rate schedule on page 37 to the amount shown on line 7, Form IT-140) 1)0 1 1
13	. West Virginia Income (line 26, Schedule A)	00 1
14	. Federal Adjusted Gross Income (line 1, Form IT-140)	1 20 1
-h	. 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,	1
17	Form IT-140)0 1
.8	ART II: SPECIAL NONRESIDENT INCOME FOR RESIDENTS OF RECIPROCAL STATES AND CERTAIN ACTIVE MILITARY MEMBERS	1
20	LIGIBILITY: Complete this section ONLY if ALL THREE of the following statements were true for 2020.	1
21	You were EITHER a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia	2
23	OR a member of the military assigned to active duty in West Virginia whose domicile is outside West Virginia Vour only West Virginia source income was from wages and salaries.	
24	West Virginia income tax was withheld from such wages and salaries by your employer(s).	2
25	you were a non-military, domiciliary resident of Pennsylvania or Virginia and spent more than 183 days in West Virginia, you are also considered esident of West Virginia and must file Form IT-140 as a resident of West Virginia.	a ²
27	IOTE: If you were a resident of any state other than Kentucky, Ohio, Maryland, Pennsylvania, or Virginia, you are ineligible to complete Pa	
	. You must check the box Filing as Nonresident or Filing as a Part-Year Resident and Complete Schedule A and Part I to report any incom rom West Virginia sources.	ne 2
	declare that I was not a resident of West Virginia at any time during 2020, I was a resident of the state shown OR was in West Virginia	:
	ursuant to active duty military orders, my only income from sources within West Virginia was from wages and salaries, and such wages nd salaries were subject to income taxation by my state of residence.	1
2	YOUR STATE OF RESIDENCE (Check one):	3
3		
:5	Commonwealth of Kentucky Commonwealth of Pennsylvania Number of days spent in West Virginia	-
6	State of Maryland Commonwealth of Virginia Number of days spent in West Virginia	3
8	State of Ohio	158) [:]
9	(A) (B)	-
0	Primary Taxpayer's Social Spouse's Social Security Security Number Number	4
2		4
3		4
4	. Enter your total West Virginia Income from wages and salaries in the appropriate column 5 .00 .00)0 4
16	. Enter total amount of West Virginia Income Tax withheld from your wages and	4
7	salaries paid by your employer in 2020)0
	. Line 6, column A plus line 6 column B. Report this amount on line 15 of Form IT-140)0
0		9
1		9
3		5
4		5
6		9
7		5
8		5
		5
-		6
50		6
59 50 51 52		_

IMPORTANT INFORMATION FOR 2020

- You are required to submit your original withholding documents, such as W-2's, 1099's, K-1's, and NRW-2's. Failure to submit this documentation will result in the disallowance of the withholding amount claimed.
- Additional municipalities are now subject to the Municipal Use Tax. Visit www.tax.wv.gov for a complete list of West Virginia municipalities that impose a Use tax.
- You can now interact with us online at mytaxes.wvtax.gov. Services offered include bill pay and secure communication about your return. Before you call, please use our MyTaxes portal. At this time, we do not offer online filing through that portal. Online filing options are available on our website.

RETURNED PAYMENT CHARGE

The Tax Department will recover a \$15.00 fee associated with returned bank transactions. These bank transactions include but are not limited to the following:

- Direct Debit (payment) transactions returned for insufficient funds.
- Stopped payments.
- Bank refusal to authorize payment for any reason.
- Direct Deposit of refunds to closed accounts.
- Direct Deposit of refunds to accounts containing inaccurate or illegible account information.
- Checks returned for insufficient funds will incur a \$28.00 fee.

The fee charged for returned or rejected payments will be to recover only the amount charged to the State Tax Department by the financial institutions.

Important: There are steps that can be taken to minimize the likelihood of a rejected financial transaction occurring:

- Be sure that you are using the most current bank routing and account information.
- If you have your tax return professionally prepared, the financial information used from a prior year return often carries over to the current return as a step saver. It is important that you verify this information with your tax preparer by reviewing the bank routing and account information from a current check. This will ensure the information is accurate and current in the event that a bank account previously used was closed or changed either by you or the financial institution.
- If you prepare your tax return at home using tax preparation software, the financial information used from a prior year return often carries over to the current return as a step saver. It is important that you verify this information by reviewing the bank routing and account information from a current check. This will ensure the information is accurate and current in the event that a bank account previously used was closed or changed either by you or the financial institution.
- If you prepare your tax return by hand using a paper return form, be sure that all numbers entered when requesting a direct deposit of refund are clear and legible.
- If making a payment using MyTaxes, be sure that the bank routing and account numbers being used are current.
- If scheduling a delayed debit payment for an electronic return filed prior to the due date, make sure that the bank routing and account numbers being used will be active on the scheduled date.
- Be sure that funds are available in your bank account to cover the payment when checks or delayed debit payments are presented for payment.

a	6 7 8 9 10 11 12 13 14 15 16 17 18 19 2 21 22 32 24 25 26 27 28 29 30 31 32 33 4 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77	78 79 80
5	HEPTC-1 (FORM IT-140) Homestead Excess Property Tax Credit 2020	
6 7		
8	There is a personal income tax credit for OWNER-OCCUPIED residential real property taxes paid in excess of 4% of y	our
9 10	income. The maximum refundable tax credit is \$1,000. You must complete the schedule below to determine the amo	ount
11	of your credit. No credit may be taken for any homestead which is owned, in whole or in part, by any person who is no low-income person.	ot a
12 13	If this schedule is not enclosed with Form IT-140, the credit will be disallowed.	
14	Part I – Determine if your income falls within the financial guidelines needed to take this credit.	
15 16	Check here if you were required to pay Federal Alternative Minimum Tax.	
17	Are you required to file a federal return?	
18	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 \$38,280 or less.	
20	If there are 2 people living in your home, your federal adjusted gross income must be \$51,720 or less.	
21	 If there are 3 people living in your home, your federal adjusted gross income must be \$65,160 or less. If there are 4 people living in your home, your federal adjusted gross income must be \$78,600 or less. 	
22	**For each additional person add \$13,440.	
23	NO – Your income less social security benefits must meet the following guidelines for you to qualify for this credit:	
24	 If there is only 1 person living in your home, your income must be \$38,280 or less. If there are 2 people living in your home, your income must be \$51,720 or less. 	
25	If there are 3 people living in your home, your income must be \$65,160 or less.	
27	If there are 4 people living in your home, your income must be \$78,600 or less. **For each additional person add \$13,440.	
28		
29	Part II – Determine the amount of your credit (complete this Part only if your income falls within the above guidelines)	
30	1. Enter the total West Virginia property tax paid on your OWNER-OCCUPIED home during 2020 1	.00
32		.00
33	2. If eligible for the Senior Citizen Tax Credit enter allowable credit from line 2 of Form SCTC-1	.00
34 35	3. Subtract line 2 from line 1 and enter total (Total of property tax less Senior Citizen Tax Credit)	.00
36	4. Enter your Federal Adjusted Gross Income	.00
37		.00
39 40	a. Enter the amount of increasing income modifications reported on line 55 of Schedule M a	.00
41	b. Enter federal tax-exempt interest income b	.00
42 43	c. Enter amount received in 2020 in the form of earnings replacement insurance (Workers' Compensation Benefits) c	.00
44	d. Enter the amount of Social Security benefits, including SSI and SSDI, received that are NOT included in	
45 46	your Federal Adjusted Gross Income	.00
47	5. Add amounts on lines 4a, 4b, 4c, and 4d 5	.00
48 49	6. Total Gross Income: Add amount entered on line 4 and line 5	.00
50		
51	7. Multiply amount on line 6 by 4% (0.04)	.00
52 53	8. Is the amount on line 3 greater than the amount on line 7? Yes. Continue to line 9 below No. Stop — you are not eligible for this tax credit	
54	9. Subtract the amount on line 7 from the amount on line 3 and enter the result or \$1,000 whichever is lower	
55	and enter on line 19 of IT-140	.00
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58		
59 60		++
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4 5	FTC-1 Family Tax Credit Schedule FTC-1 20	20
6 7	A Family Tax Credit is available to certain individuals or families that may reduce or eliminate their West Virgin	
8	income tax. You may be entitled to this credit if you meet certain income limitations and family size. Individu their income tax return with zero exemptions cannot claim the credit. Persons who pay the federal alternation of the credit is the credit.	
9	tax are not eligible to claim this credit. In order to determine if you are eligible for this credit, complete the sch	
11	and attach to Form IT-140.	
12		
13	If this schedule is not enclosed with Form IT-140, the credit will be disallowed.	
14		
15	1. Federal Adjusted Gross Income (enter the amount from line 1 of Form IT-140)	.00
17		
18	2. Increasing West Virginia modifications (enter the amount from line 2 of Form IT-140)	.00
19	3. Tax-exempt interest reported on federal tax return (enter the amount shown on Federal Form 1040 that is not	
20	already included on line 2 of Form IT-140)	.00
21	4 Add lines 1 through 3 This is your Modified Federal Adjusted Gross Income for the Family Tax Credit 4	
22		.00
24	5. Enter the number of exemptions claimed from Form IT-140, sum of boxes a, b, and c (<i>This is your Family Size</i> for the Family Tax Credit)	
25	6. Enter the Family Tax Credit Percentage for your family size AND Modified Federal Adjusted Gross Income level	
26	from the tables on page 31. If the exemptions on line 5 are greater than 8, use the table for a family size of 8 6	
27	7. Enter your income tax due from line 8 of Form IT-140	
28		.00
29	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 2 of Form IT-140 RECAP</i>	.00
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SCHEDU DP (FORM IT-	JLE		38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 5 Additional Depe	endents 25 6 57 58 59 60 61 62 63 64 65 66 67 68 69 70	020
se this sch ay be obta	nedule to continue listing ained from the West Virg	g dependents. If s ginia State Tax De	space is needed for more epartment's website: tax.v	than 18 dependents, a copy wv.gov.	of this form
	First Name		Last Name	Social Security Number	Date of Birth
	+++++++++++++++++++++++++++++++++++++++				
				-++001101,01110,1011-01011-00110-01011-00110-01011-0	

6 7 8 9 10 11 12 13 14 15 16 17 18 19						
4868 (Form IT-140)	Application for E	Extension of	Time to	File	20	20
	st a six-month extension of ti		West Virginia F	Personal Inco	me Tax R	eturn
Your return must be fil	led no later than October 15,	2021.				
This form is NOT an	extension of time to <u>PAY</u> p	personal income tax	es due.			
	TA	XPAYER INFORMATION	1			
SOCIAL SECURITY NUMBER		*SPOUSE'S SOC SECURITY NUMB				
LAST NAME		SUFFIX	YOUR FIRST NAME			MI
SPOUSE'S LAST NAME		SUFFIX	SPOUSE'S FIRST NAME			MI
FIRST LINE OF ADDRESS		SECOND LINE C ADDRESS	F			
CITY		STATE	ZIP CODE			
TELEPHONE NUMBER	EMAIL		EXTEN	IDED DUE DATE MM/DD/YYYY		
		CALCULATION				
a. Total income tax liability				a.		.00
b. Total payments (West Vir	ginia withholding and/or credit for es	stimated payments)	· · · · · · · · · · · · · · · · · · ·	b.		.00
c. Amount of West Virginia	personal income tax due (subtract lii	ne b from line a)		c.		.00
c. Amount of West Virginia	personal income tax due (subtract li	ne b from line a) NOTE		c.		.00
This form and payment late payment of tax unl and expect to owe no V	personal income tax due (subtract lin t must be filed on or before the less reasonable cause can be West Virginia income tax, you ed only note on your West Virg	NOTE due date of the return shown. If you receive are not required to file	(April 15, 2021 an extension this form. To r). A penalty is of time for fec eceive the sa	leral incon me extens	or late filing/ ne purposes ion for state
This form and payment late payment of tax unl and expect to owe no V	t must be filed on or before the less reasonable cause can be West Virginia income tax, you d only note on your West Virg West Vir	NOTE due date of the return shown. If you receive are not required to file ginia Personal Income Mail this return to: rginia State Tax Dep	(April 15, 2021 an extension this form. To r Tax Return that artment). A penalty is of time for fec eceive the sa	leral incon me extens	or late filing/ ne purposes ion for state
This form and payment late payment of tax unl and expect to owe no V	t must be filed on or before the less reasonable cause can be West Virginia income tax, you d only note on your West Virg West Vir	NOTE due date of the return shown. If you receive are not required to file ginia Personal Income Mail this return to: rginia State Tax Dep unt Administratio	(April 15, 2021 an extension this form. To r Tax Return that artment). A penalty is of time for fec eceive the sa	leral incon me extens	or late filing/ ne purposes ion for state
This form and payment late payment of tax unl and expect to owe no V	t must be filed on or before the less reasonable cause can be West Virginia income tax, you od only note on your West Virg West Vir Tax Accou	NOTE due date of the return shown. If you receive are not required to file ginia Personal Income Mail this return to: rginia State Tax Dep	(April 15, 2021 an extension this form. To r Tax Return the artment n Division). A penalty is of time for fec eceive the sa	leral incon me extens	or late filing/ ne purposes ion for state
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4	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 IT-210 Underpaymen DEV 7 20 20 21 26 27 28 29 30 31 32 34				57 58 59 60 61 62 63	64 65 66 67 68 9	⁵⁹ ⁷⁰ ⁷¹ ⁷² ⁷³ ⁷⁴ ⁷	5 76 77 78 79 80
6		is form with your Person Γ I: All filers must		,				v
8			Semple					
9	1. Enter your 2020 tax as shown on line 8 of Form IT-					1		.00
10	2. Enter the credits against your tax from your return		2		.00			
12	-3. Tax after credits (subtract line 2 from line 1)		·····			3		.00
13	4. Tax withheld		4		.00			
14 15	5. Subtract line 4 from line 3					5		.00
16	IF LINE 5 IS LESS THAN \$600, DO N			YOU ARE NOT	SUBJECT T	O THE PE	NALTY.	
17	6. Multiply line 3 by ninety percent (.90)		6		.00			
18	7. Enter the tax after credits from your 2019 return (se	e instructions)	7		.00			
20	8. Enter the smaller of line 6 or line 7 (if line 7 is zero and					8		.00
21	REFER TO THE INSTRUCTIONS TO DETERMINE	E YOUR OPTIONS FO				UNDERP	AYMENT PE	NALTY.
23	9. If you are requesting a waiver of the penalty calculation					page 47)		
24			, cu					
25	10. If you are a qualified farmer (see instructions for inc	••••						
27	11. If you used Part IV on the reverse side to apply the than in equal amounts on the payment due dates, of the payment due dates, or the payment due dates, or the payment due dates are the payment due dates.							ather
28	PART II: If you are using the ANNUALIZED INCOME							et below.
29 30	ANNUALIZED INCOME WORKSHEET	1/1/20 – 3/31/20		20 – 5/31/20	1/1/20 – 8		1/1/20- 1	
31								
32	1. Federal adjusted gross income year-to-date	.00		.00		.00		.00
33 34	2. Annualized amounts	4		2.4	1.5		1	
35	3. Annualized income (line 1 X line 2)	.00		.00		.00		.00
36								
37		00. XXXXXXXXXX	XXXX	00. XXXXX	XXXXXXX		XXXXXXX	
39	5. West Virginia adjusted gross income (combine lines 3 and 4)	.00		.00		.00		.00
40	6. Exemption allowance	.00		.00		.00		.00
41 42	7. West Virginia taxable income (see instructions)	.00		.00		.00		.00
43	8. Annualized tax 9. Credits against tax	.00		.00		.00		.00
44	DO NOT INCLUDE TAX WITHHELD OR ESTIMATED PAYMENTS!	.00		.00		.00		.00
45	10. Subtract line 9 from line 8 (if less than zero, enter zero)	.00		.00 45%	67.5	.00	904	.00
47	11. Applicable percentage				07.0			
48	12. Multiply line 10 by line 11	.00		.00		.00		.00
49 50	13. Add the amounts in all previous columns of line 19			.00		.00		.00
51	14. Subtract line 13 from line 12 (if less than zero, enter zero)	.00		.00		.00		.00
52	15. Enter ¼ of line 8, Part I, of Form IT-210 in each column	.00		.00		.00		.00
54	16. Enter the amount from line 18 of the previous column of this worksheet			.00		.00		.00
55	17. Add lines 15 and 16 and enter total	.00		.00		.00		.00
56		.00		.00		.00		
58	18. Subtract line 14 from line 17 (if less than zero, enter zero) 19. Enter the smaller of line 14 or line 17 here and							
59	on Form IT-210, Part IV, line 1	.00		.00		.00		.00
50	NOTE: The sum of all columns for line 19 should e	qual line 8, Part I, of IT	-210.					
52								
÷3					D 4 0	2 0 2	2 0 1 3	

6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 IT-210 Underpay	/me	ent	of Esti	ima	ted	Tax b	by Ir	ndividu				1 72 73 74 75 76 7	_
REV.7-20 (Enclo	se th	is for	m with you				Tax R	teturn)				UZ	
Read the instructions on pages 28 to see if you	can us	en tha e	PART II			-	PTIors	nnualized in l		kin thi	e nart a		- IV
											s part ai		
1. Enter the amount from line 8 of Part I of IT	-210								1				.00
2. Enter the amount from line 4, Part I			••••••			2			00				
3. Enter the total, if any, of the estimated pay	/ment	s made	ə		[;	3			0	1			
4. Add lines 2 and 3									. 4				.00
5. Total underpayment for the year (subtract	line 4	from li	ne 1). If zerc	o or les	s, stop	here. No p	enalty (due	5				.00
6. Multiply line 5 by .05376									6				.00
7. If the amount on line 5 was paid on or after If paid prior to April 15, 2021 line 5 X num April 15, 2021 X .000253	ber of	days p	aid before			7			00				
8. Penalty due (subtract line 7 from line 6). Er	nter he	ere and	on the PEN	ALTY E	DUE lin	e of your pe	ersonal	income tax	8				.00
			PART IV	REGU	LAR	IETHOD							
			(a)			(b)		. (c)			(d) 1/15/21	
SECTION A – FIGURE THE UNDERPAYMENT 1. If you are using the annualized method, enter the	-		4/15/20			7/15/20		9/1	5/20			1/15/21	
amounts from line 19 of the Annualized Income Worksheet; otherwise, enter 1/4 of line 8 of PART I in each column	1			.00			.00			.00			.00
 Estimated tax paid and tax withheld (see instructions). For column (a) only, enter the amount from line 2 on line 6. If line 2 is equal to or more than line 1 for all payment periods, stop 													
here; you do not owe any penalty	2		XXXXXXX		XXX	XXXXX	00. X	XXXXX	XXXX	X .00	XXX	XXXXXX	.00 . X
NOTE: Complete Lines 3 through 9 before 3. Enter the amount, if any, from line 9 of the	e goir	ig to th	ne next colu	mn.				r					
previous column	3						.00			.00			.00
4. Add lines 2 and 3	4						.00			.00			.00
5. Add lines 7 and 8 of the previous column	5						.00			.00			.00
, 6. Subtract line 5 from line 4. If zero or less, enter zero. For column (a) only, enter the amount													
from line 27. If line 6 is zero, subtract line 4 from line 5.	6			.00			.00			.00			.00
Otherwise, enter zero	7			.00			.00			.00			.00
 UNDERPAYMENT. If line 1 is equal to or more than line 6, subtract line 6 from line 1, enter the 		1											
result here and go to line 3 of the next column. Otherwise, go to line 9	8			.00			.00			.00			.00
9. OVERPAYMENT. If line 6 is more than line 1, subtract line 1 from line 6, enter the result here													
and go to line 3 of the next column	9			.00			.00			.00			.00
SECTION B – FIGURE THE PENALTY													
NOTE: Comple	ete Lir	nes 10	through 12	for ea	ch col	umn befor	e going	to the next	colum	n			
10. Number of days FROM the date shown at the			(a) 7/15/20			(b) 7/15/20		9/1	c) 5/20			(d) 1/15/21	
line 8 was paid, or 4/15/2021, whichever is	10							5/1					
earlier	10												
11. Daily penalty rate for each quarter	11		0.000253			0.000253		0.00	0253			0.000253	
12. Penalty due for each quarter (line 8 x 10 x 11)	12			.00			.00			.00			.00
13. Penalty due (add all amounts on line 12). Ente	r here a	nd on the PEN	ALTY	DUE lin	ne of your per	sonal inc	ome tax return	(line 12)	13			.00
									2	0 2		11811 8181 1881 1 4	

SOCIAL
SECURITY
NUMBER

Amended Return Information

If you are using this form to file an amended return, provide an explanation of the changes made in the space below. Enclose all supporting forms and schedules for items changed. If you were required to file an amended federal return (Form 1040X), you must enclose a copy of that return. Be sure to include your name and social security number on any enclosures.

REQUEST FOR WAIVER OF ESTIMATED PENALTY

If you are subject to the underpayment penalty, all or part of the penalty will be waived if the West Virginia State Tax Department determines that: 1. The penalty was caused by reason of casualty or disaster;

2. The penalty was caused by unusual circumstances which makes imposing the penalty unfair or inequitable.

To request a waiver, please write the reason(s) a waiver is being requested on the lines below. Attach a separate page if more space is needed. Please sign and date your request. If you have documentation substantiating your statement, enclose a copy. The Department will notify you if your request for waiver was not approved.