PTE-100 REV 07/2022

## WEST VIRGINIA TAX RETURN S CORPORATION & PARTNERSHIP (PASS-THROUGH ENTITY)

2022

TAX PERIOD BEGINNING MM/DD/YYYY			ENDING MM/DD/YYY				NDED DATE DYYYYY					
ENTITY NAME					FEIN	WV ACCOUNT NUMBER	₹					
MAILING ADDRESS				HAS THE PARTNERSHIP ELECTED OUT OF THE CENTRALIZED AUDIT REGIME UNDER IRC SECTION 6221(b)?								
					Yes NO IF NO, PROVIDE A DESIGNATION OF THE STATE PARTNERSHIP REPRESENTATIVE (OR THE FEDERAL PARTNERSHIP REPRESENTATIVE)							
CITY		STATE	ZIP		REPRESENTATIVE FIRST N		LAST NAME					
					REPRESENTATIVE FIRST N	NAME L	LASTNAME					
STATE OF DOMICILE NAICS			ANCE OF									
		CHANGE OF ADDRESS			REPRESENTATIVE TIN	F	REPRESENTATIVE US PHONE					
CONTACT FIRST NAME	CONTACT LAST NAME											
					REPRESENTATIVE US ADDRESS							
CONTACT PHONE	CONTACT EMAI	II										
CONTACT PHONE	CONTACT EMAI	IL										
CHECK ALL APP	PLICABLE I	BOXE	S	1) ENTIT			INERSHIP LUDE 1065)					
2) RETURN TYPE					AMENDED							
ANNUAL		INITIAL	FIN	IAL	AMENDED	OTHE	=K					
52/53 W	EEK FILER D	AY OF WEEK	ENDING			FISC	AL					
3) IF FINAL/SHORT/   CEASED OPERATIONS IN WV   CHANGE OF OWNERSHIP   CHANGE OF FILING STATUS   MERGER												
SUCCES	SSOR FEIN OF PREDECES	SOR:			TECHNICAL TERMIN	IATIONS	OTHER					
4) ACTIVITY DESCRIPTION: WHOLLY WV ACTIVITY					MULTISTATE ACTIVITY							
5) REPORTABLE ENTITIES (ALL I	ENTITIES MUST BE INC	CLUDED ON	SCHEDULE D):									
A. ANY I	PTE YOU ARE A PARTN	IER, MEMBE	ER, OR SHAREHO	DLDER DC	ING BUSINESS IN WV							
B. ANY I	OF VOTING		D. ANY DISREGARDED ENTITY, INCLUDING QSUBS									
C. ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK					E. ANY CONTROLLED FOREIGN CORPORATION							
					(A) INCOME		(B) WITHHOLDING					
6) WV DISTRIBUTIVE INCOME OF I	RESIDENTS					.00						
7) WV DISTRIBUTIVE INCOME OF NONRESIDENTS FILING ON A NONRESIDENT COMPOSITE TAX RETURN AND WITHHOLDING DUE (SCHEDULE SP, COLUMN F)						.00		.00				
8) WV DISTRIBUTIVE INCOME OF NONRESIDENTS SUBJECT TO WV WITHHOLDING THAT ARE NOT FILING A NONRESIDENT COMPOSITE TAX RETURN AND WITHHOLDING DUE (SCHEDULE SP, COLUMN G)						.00		.00				
9) WV DISTRIBUTIVE INCOME OF NONRESIDENTS WHO HAVE ATTESTED ON A NRW-4 THAT THEY WILL FILE AND PAY WV INCOME TAX DIRECTLY OR ARE TAX EXEMPT ENTITIES						.00						
10) TOTAL WV INCOME (SUM OF LINE 6 THROUGH 9, MUST MATCH SCHEDULE A, LINE 13)						.00						
11) TOTAL WV WITHHOLDING	DUE (LINE 7 PLUS LIN	IE 8)						.00				



	NAME				FEIN				
14			11				.00		
11.	11. Total WV withholding due (from previous page)			11				.00	
12.	Prior year carryforward credit	12					.00		
	3. Estimated and extension payments						.00		
14.	Total Withholding credits (see instructions)	14					.00		
15.	Payments (add lines 12 through 14; must match total on Schedule C)		-	15				.00	
16.	Overpayment previously refunded or credited (amended return only)	16				.00			
17.	TOTAL PAYMENTS (subtract line 16 from line 15)		17				.00		
18. Tax Due – If line 17 is smaller than line 11, enter amount owed. If line 17 is larger than line 11 skip to Line 22								.00	
19.	Interest for late payment	19				.00			
20.	Additions to tax for late filing and/or late payment		20				.00		
21.	Total Due with this return (add lines 18 through 20)		21				.00		
22.	Overpayment (Line 17 less line 11)	22					.00		
23.	23. Amount of line 22 to be credited to next year's tax						.00		
24.	24. Amount to be refunded (line 22 minus line 23)						.00		
Direct Deposit CHECKING SAVINGS of Refund									
	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						Date			
Title	Title Email							ne#	
Signature of paid preparer Print name of Preparer						Date			
Firm's name and address Preparer's Email P							er's Telepho	one#	

MAKE CHECKS PAYABLE TO AND MAIL TO: WEST VIRGINIA TAX DIVISION TAX ACCOUNT ADMINISTRATION PO BOX 11751
CHARLESTON WV 25339-1751

