

Estate or Trust Name				FEIN		
Trustee/Executor Name						
FIRST LINE OF ADDRESS				SECOND LINE OF ADDRESS		
CITY				STATE		ZIP
FILING PERIOD ENDED MM DD YYYY	EXTENDED DUE DATE MM DD YYYY		FISCAL YEAR FILER		CHECK ONE: Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/>	
TYPE OF ENTITY				CHECK IF APPLICABLE: Final <input type="checkbox"/> Amended <input type="checkbox"/>		
<input type="checkbox"/> SIMPLE TRUST <input type="checkbox"/> COMPLEX TRUST <input type="checkbox"/> DECEDENT'S ESTATE <input type="checkbox"/> CH7 <input type="checkbox"/> CH11 <input type="checkbox"/> QUALIFIED DISABILITY TRUST <input type="checkbox"/> POOLED INCOME FUND <input type="checkbox"/> ESBT (S portion only) <input type="checkbox"/> GRANTOR TYPE TRUST						
DECEDENT INFO	Date of Death MM/DD/YYYY			SSN	<input type="checkbox"/> Final Individual Return Filed for Decedent	

1. Federal taxable income (enter line 23, Federal Form 1041 or line 11, 1041-QFT)	1	.00
2. West Virginia fiduciary additions (Schedule B, line 6)	2	.00
3. West Virginia fiduciary subtractions (Schedule B, line 11)	3	.00
4. West Virginia taxable income (sum of lines 1 and 2 minus line 3)	4	.00

IF THIS IS A SIMPLE TRUST HAVING NO TAXABLE INCOME, OMIT LINES 5-7

5. West Virginia tax (check one) <input type="checkbox"/> Rate Schedule <input type="checkbox"/> Schedule NR	5	.00
6. Credits from Tax Credit Recap Schedule (see schedule page 6)	6	.00
7. Adjusted tax due (line 5 minus line 6)	7	.00
8. Non-resident income subject to tax (total of income for Beneficiaries, column F)	8	.00
9. West Virginia income tax paid for non-resident beneficiaries (total of Withholding for Beneficiaries, Column H)	9	.00
10. Combined tax due (sum of lines 7 and 9)	10	.00
11. West Virginia fiduciary income tax withheld (See Instructions) <input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NON RESIDENT SALE OF REAL ESTATE)	11	.00
12. Refundable Credit (Build WV)	12	
13. Estimated payments/payments with extension of time	13	.00
14. Paid with original return (amended return only)	14	.00
15. Overpayment previously refunded or credited (amended return only)	15	.00
16. Total payments (sum of lines 11, 12, 13, and 14 minus line 15)	16	.00
17. Balance of tax due (line 10 minus line 16)	17	.00
18. Overpayment (if line 16 is larger than line 10, enter amount)	18	.00
19. Amount of line 18 to be credited to next year's tax	19	.00
20. Amount to be refunded (line 18 minus line 19) ...	20	.00



WITHHOLDING FOR BENEFICIARIES AND
 NON-RESIDENT TAX PAID FOR WITHHOLDING

2023

ATTACH ADDITIONAL COPIES OF WITHHOLDING FOR BENEFICIARIES AS NEEDED

NAME AND ADDRESS OF EACH BENEFICIARY								
	NAME	STREET OR MAILING ADDRESS			CITY	STATE	ZIP CODE	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
	(A) SOCIAL SECURITY #	✓ WEST VIRGINIA FILING METHOD			(E) ✓ IF NRW-4 PREVIOUSLY FILED	(F) BENEFICIARY SHARE OF WV INCOME	(G) RATE	(H) TAX PAID FOR BENEFICIARIES WITHHOLDING
		(B) RESIDENT	(C) COMPOSITE	(D) NONRES				
1						5.12%		
2						5.12%		
3						5.12%		
4						5.12%		
5						5.12%		
6						5.12%		
7						5.12%		
8						5.12%		
9						5.12%		
10						5.12%		
TOTALS						5.12%		



