STATE OF WEST VIRGINIA State Tax Department, Tax Account Administration Div P. O. Box 3943 Charleston, WV 25326-3943



	Name		<u> </u>						
	Address			Account #:					
	City		State	Zip					
WV-1096 nL054 v 3-Web			UAL SUMMA /ITHHOLDIN				_	GS	
TO BE FILED ON OR BEFORE FEBRUARY 28							Period Ending		
Name of person to contact			Telephone Number		Fax Number		Email Address		
	employer Id (FEIN)				ll withheld as shown W-2G		Total backup withholding payments this year		
amended		d(s) of	overpayment, us entire page to th	se form	WV-945 and c	check the a	amended box.		
	alties of perjury, I declare that I et and complete.	have ex	amined this return, acco	ompanying	g schedules and state	ements, and to	the best of my knowl	edge and belief, it is	
(Signature o	f Taxpayer)		(Print Your Name and Title)				(Date)		
INSTRU	JCTIONS								
Purpose of Form: Use this form to to the West Virginia State Tax Depart to transmit electronically. For electronically.			ent. Do NOT use the		 Enter your Federal Employer ID number. Enter the total number of W-2G's submitted 				
Caution:	If you are required to fi electronically. If you are do do so and you do not ha	requi	red to file electroni	ı	with this t	is transmittal. otal dollar amount withheld as shown W-2G's submitted			

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT

Tax Account Administration Div

P. O. Box 3943, Charleston, WV 25326-3943

FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297

For more information visit our web site at: www.wvtax.gov

File online at https://mytaxes.wvtax.gov

Who Must File: The name, address and TIN of the filer on this

form must be the same as those you enter in the upper left area for form W-2G. A filer is a person or entity who files any of these

be subject to a penalty.

forms.



Line 4: Enter the total of backup withholding payments

made this year.