

TAX PERIOD BEGINNING MM/DD/YYYY		ENDING MM/DD/YYYY		EXTENDED DUE DATE MM/DD/YYYY	
------------------------------------	--	----------------------	--	------------------------------------	--

ENTITY NAME			FEIN	WV ACCOUNT NUMBER
MAILING ADDRESS			HAS THE PARTNERSHIP ELECTED OUT OF THE CENTRALIZED AUDIT REGIME UNDER IRC SECTION 6221(b)? <input type="checkbox"/> Yes <input type="checkbox"/> NO IF NO, PROVIDE A DESIGNATION OF THE STATE PARTNERSHIP REPRESENTATIVE (OR THE FEDERAL PARTNERSHIP REPRESENTATIVE)	
CITY	STATE	ZIP	REPRESENTATIVE FIRST NAME	LAST NAME
STATE OF DOMICILE	NAICS	<input type="checkbox"/> CHANGE OF ADDRESS	REPRESENTATIVE TIN	REPRESENTATIVE US PHONE
CONTACT FIRST NAME	CONTACT LAST NAME		REPRESENTATIVE US ADDRESS	
CONTACT PHONE	CONTACT EMAIL			

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) ACTIVITY DESCRIPTION: WHOLLY WV ACTIVITY MULTISTATE ACTIVITY

5) REPORTABLE ENTITIES (ALL ENTITIES MUST BE INCLUDED ON SCHEDULE C OR SCHEDULE D):

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
6) WV DISTRIBUTIVE INCOME OF 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 TAX 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	.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 LINE 8).....		.00



NAME

FEIN

11. Total WV-withholding due (from previous page).....	11		.00
12. Prior year carryforward credit.....	12		.00
13. Estimated and extension payments.....	13		.00
14. Total Withholding credits (see instructions)	14		.00
<input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE)			
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	18		.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) Make check payable to West Virginia State Tax Department	21		.00
22. Overpayment (Line 17 less line 11).....	22		.00
23. Amount of line 22 to be credited to next year's tax	23		.00
24. Amount to be refunded (line 22 minus line 23).....	24		.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 _____ Date _____

Title _____ Email _____ Business Telephone # _____

Signature of paid preparer _____ Print name of Preparer _____ Date _____

Firm's name and address _____ Preparer's Email _____ Preparer's Telephone # _____

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
TAX ACCOUNT ADMINISTRATION DIVISION
PO BOX 11751
CHARLESTON WV 25324-1751

