



MONTHLY ESTIMATE OF SEVERANCE AND BUSINESS PRIVILEGE TAXES
 FOR PROVIDERS OF HEALTH CARE ITEMS AND SERVICES

WV/SEV-400H
 rL086 v 10-Web

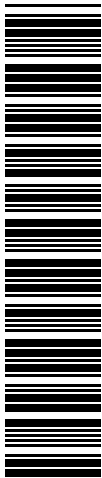
Taxpayers required to file electronically will no longer receive returns for the tax types subject to the mandatory requirement by mail. Please visit www.wvtax.gov for additional information.

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P.O. Box 773, Charleston, WV 25323-0773
 FOR ASSISTANCE CALL TOLL FREE
 For more information visit our web site at:
 File online at <https://mytaxes.wvtax.gov>

PLEASE CUT HERE USE BLUE OR BLACK INK TO COMPLETE VOUCHER DO NOT WRITE IN BARCODE AREA

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MONTHLY ESTIMATE OF SEVERANCE AND BUSINESS PRIVILEGE TAXES
 FOR PROVIDERS OF HEALTH CARE ITEMS AND SERVICES



Account ID #	Period Ending:	Due Date:
1. Taxable Amount		.
2. Rate		0.05
3. Total Amount of Tax Due (Multiply Line 1 by Line 2)		.
4. \$41.67 Per Month Annual Exemption		.
5. Credit for Overpayment from Prior Year Annual Return		.
6. Total Tax Due (Line 3 minus Lines 4 and 5)		.

Name _____

Address _____

City _____ State _____ Zip _____ SIGNATURE _____ DATE _____