



Last Name

Your First Name

MI

Address

City

Your Social Security Number

If you meet the described conditions, file this return with the West Virginia State Tax Department on or before April 15, 2010 for a refund of West Virginia income taxes withheld from wages and salaries.

State

Zip Code

**Amended
Return**

CHECK BOX

NOTE: Use this form **ONLY** if you were a resident of Kentucky, Virginia, Pennsylvania, Maryland or Ohio during the tax year of 2009, West Virginia source income was from wages and salaries and West Virginia income tax was withheld from such wages and salaries by your employer(s). **You must complete IT-140W to verify West Virginia income tax withheld in order to receive credit.** If you were a resident of a state other than Kentucky, Virginia, Pennsylvania, Maryland or Ohio, you must check the box **Filing As A Nonresident/Part-Year Resident** on Form IT-140 to report any income from West Virginia sources.

If you were a domiciliary resident of Pennsylvania or Virginia and spent more than 183 days within West Virginia during 2009, you are also considered a resident of West Virginia for income tax purposes. Therefore, you are not eligible to file this return and must file Form IT-140 as a resident of West Virginia.

SPECIFIC INSTRUCTIONS ARE ON THE BACK OF THIS FORM

I declare that I was not a resident of West Virginia at any time during 2009, I was a resident of the state shown, my only income from sources within West Virginia was from wages and salaries and such wages and salaries were subject to income taxation by my state of residence.

YOUR STATE OF RESIDENCE (check one):

- | | |
|---|---|
| 1. Commonwealth of Kentucky..... <input type="checkbox"/> | 3. Commonwealth of Pennsylvania..... <input type="checkbox"/> |
| 2. Commonwealth of Virginia..... <input type="checkbox"/> | Number of days in West Virginia _____ |
| Number of days in West Virginia _____ | 4. State of Maryland..... <input type="checkbox"/> |
| | 5. State of Ohio..... <input type="checkbox"/> |

1. ENTER YOUR TOTAL WEST VIRGINIA INCOME from wages and salaries.....	1	.00
2. ENTER TOTAL AMOUNT OF WEST VIRGINIA INCOME TAX WITHHELD from your wages or salaries paid by your employer in 2009 (Must complete Withholding Tax Schedule, page 17)	2	.00
3. OVERPAYMENT PREVIOUSLY REFUNDED OR CREDITED (AMENDED RETURN ONLY).....	3	.00
4. WEST VIRGINIA CHILDREN'S TRUST FUND to help prevent child abuse and neglect Enter the amount of your contribution: <input type="checkbox"/> \$5 <input type="checkbox"/> \$25 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____	4	.00
5. REFUND DUE YOU (subtract lines 3 and 4 from line 2)..... Refund of \$2 or less will be issued only if a written request is attached to this return.	5	.00

DIRECT DEPOSIT OF REFUND TYPE CHECKING SAVINGS ROUTING NUMBER ACCOUNT NUMBER

Under penalties 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. I authorize the State Tax Department to discuss my return with my preparer. YES NO

Sign

Here Your Signature _____ Date _____ Preparer's Signature _____ Date _____

Mail To:

REFUND
WV State Tax Department
P.O. Box 1071
Charleston, WV 25324-1071

Preparer's EIN

Address of Preparer _____ Daytime Phone Number _____



P 4 0 2 0 0 9 0 7 W



_____ - _____

Last Name

Social Security Number

Do not send W-2s, 1099s, K-1s, WV/NRW-2s or WV/NRSRs with your return. Enter WV withholding information below.

1	A - Employer or Payer Information	B - Employee or Taxpayer Information	C - WV Withholding Tax
	<p>_____ Employer or payer ID number from W-2, 1099, K-1, WV/NRW-2 or ID number of transferor/seller from WV/NRSR</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p>_____ Name</p> <p>_____ Social Security Number</p> <p>_____ Income subject to WV WITHHOLDING .00</p>	<p>_____ WV WITHHOLDING .00</p> <p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1 <input type="checkbox"/> WV/NRW-2 <input type="checkbox"/> WV/NRSR</p> <p><input type="checkbox"/> State Abbreviation From Document Checked Above</p> <p>Enter WV withholding only</p>
	<p>_____ Employer or payer ID number from W-2, 1099, K-1, WV/NRW-2 or ID number of transferor/seller from WV/NRSR</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p>_____ Name</p> <p>_____ Social Security Number</p> <p>_____ Income subject to WV WITHHOLDING .00</p>	<p>_____ WV WITHHOLDING .00</p> <p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1 <input type="checkbox"/> WV/NRW-2 <input type="checkbox"/> WV/NRSR</p> <p><input type="checkbox"/> State Abbreviation From Document Checked Above</p> <p>Enter WV withholding only</p>
	<p>_____ Employer or payer ID number from W-2, 1099, K-1, WV/NRW-2 or ID number of transferor/seller from WV/NRSR</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p>_____ Name</p> <p>_____ Social Security Number</p> <p>_____ Income subject to WV WITHHOLDING .00</p>	<p>_____ WV WITHHOLDING .00</p> <p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1 <input type="checkbox"/> WV/NRW-2 <input type="checkbox"/> WV/NRSR</p> <p><input type="checkbox"/> State Abbreviation From Document Checked Above</p> <p>Enter WV withholding only</p>
	<p>_____ Employer or payer ID number from W-2, 1099, K-1, WV/NRW-2 or ID number of transferor/seller from WV/NRSR</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p>_____ Name</p> <p>_____ Social Security Number</p> <p>_____ Income subject to WV WITHHOLDING .00</p>	<p>_____ WV WITHHOLDING .00</p> <p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1 <input type="checkbox"/> WV/NRW-2 <input type="checkbox"/> WV/NRSR</p> <p><input type="checkbox"/> State Abbreviation From Document Checked Above</p> <p>Enter WV withholding only</p>

Total WV withholding tax from column C above **.00**

If you have WV withholding on both pages 17 and 18, add the totals together and enter the GRAND TOTAL on line 13, form IT-140 or line 2, Form IT-140NRS or line 5, Form IT-140NRC.





Last Name

_____ - _____

Social Security Number

Do not send W-2s, 1099s, K-1s, WV/NRW-2s or WV/NRSRs with your return. Enter WV withholding information below.

5	A - Employer or Payer Information	B - Employee or Taxpayer Information	C - WV Withholding Tax
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6	A - Employer or Payer Information	B - Employee or Taxpayer Information	C - WV Withholding Tax
6	<p>_____ Employer or payer ID number from W-2, 1099, K-1, WV/NRW-2 or ID number of transferor/seller from WV/NRSR</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p>_____ Name</p> <p>_____ Social Security Number</p> <p>_____ Income subject to WV WITHHOLDING .00</p>	<p>_____ WV WITHHOLDING .00</p> <p style="text-align: center;">Check appropriate box</p> <p> <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1 <input type="checkbox"/> WV/ NRW-2 <input type="checkbox"/> WV/ NRSR </p> <p><input type="checkbox"/> State Abbreviation From Document Checked Above</p> <p style="text-align: center;">Enter WV withholding only</p>
7	A - Employer or Payer Information	B - Employee or Taxpayer Information	C - WV Withholding Tax
7	<p>_____ Employer or payer ID number from W-2, 1099, K-1, WV/NRW-2 or ID number of transferor/seller from WV/NRSR</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p>_____ Name</p> <p>_____ Social Security Number</p> <p>_____ Income subject to WV WITHHOLDING .00</p>	<p>_____ WV WITHHOLDING .00</p> <p style="text-align: center;">Check appropriate box</p> <p> <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1 <input type="checkbox"/> WV/ NRW-2 <input type="checkbox"/> WV/ NRSR </p> <p><input type="checkbox"/> State Abbreviation From Document Checked Above</p> <p style="text-align: center;">Enter WV withholding only</p>
8	A - Employer or Payer Information	B - Employee or Taxpayer Information	C - WV Withholding Tax
8	<p>_____ Employer or payer ID number from W-2, 1099, K-1, WV/NRW-2 or ID number of transferor/seller from WV/NRSR</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p>_____ Name</p> <p>_____ Social Security Number</p> <p>_____ Income subject to WV WITHHOLDING .00</p>	<p>_____ WV WITHHOLDING .00</p> <p style="text-align: center;">Check appropriate box</p> <p> <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1 <input type="checkbox"/> WV/ NRW-2 <input type="checkbox"/> WV/ NRSR </p> <p><input type="checkbox"/> State Abbreviation From Document Checked Above</p> <p style="text-align: center;">Enter WV withholding only</p>

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P 4 0 2 0 0 9 0 3 A