

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	
STATE OF DOMICILE	NAICS	<input type="checkbox"/> CHANGE OF ADDRESS				
CONTACT FIRST NAME		CONTACT LAST NAME				
CONTACT PHONE		CONTACT EMAIL				
		REPRESENTATIVE TIN		REPRESENTATIVE US PHONE		
REPRESENTATIVE US ADDRESS						

CHECK ALL APPLICABLE BOXES		1) ENTITY TYPE		<input type="checkbox"/> S-CORPORATION (INCLUDE 1120S)	<input type="checkbox"/> PARTNERSHIP (INCLUDE 1065)
2) RETURN TYPE		<input type="checkbox"/> ANNUAL	<input type="checkbox"/> INITIAL	<input type="checkbox"/> FINAL	<input type="checkbox"/> AMENDED
		<input type="checkbox"/> 52/53 WEEK FILER	DAY OF WEEK ENDING _____		<input type="checkbox"/> OTHER
				<input type="checkbox"/> FISCAL	
3) IF FINAL/SHORT/INITIAL RETURN		<input type="checkbox"/> CEASED OPERATIONS IN WV	<input type="checkbox"/> CHANGE OF OWNERSHIP	<input type="checkbox"/> CHANGE OF FILING STATUS	<input type="checkbox"/> MERGER
		<input type="checkbox"/> SUCCESSOR FEIN OF PREDECESSOR: _____	<input type="checkbox"/> TECHNICAL TERMINATIONS	<input type="checkbox"/> OTHER _____	
4) ACTIVITY DESCRIPTION:		<input type="checkbox"/> WHOLLY WV ACTIVITY	<input type="checkbox"/> MULTISTATE ACTIVITY		
5) REPORTABLE ENTITIES (ALL ENTITIES MUST BE INCLUDED ON SCHEDULE C OR SCHEDULE D):					
<input type="checkbox"/> ANY PTE YOU ARE A PARTNER, MEMBER, OR SHAREHOLDER DOING BUSINESS IN WV					
<input type="checkbox"/> ANY ENTITY YOU OWN 80% OF VOTING STOCK					
<input type="checkbox"/> ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK					
<input type="checkbox"/> ANY DISREGARDED ENTITY					
<input type="checkbox"/> 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 OR ARE TAX EXEMPT ENTITIES.....	.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 25339-1751

