

TAX PERIOD BEGINNING
MM/DD/YYYY

ENDING
MM/DD/YYYY

EXTENDED
DUE DATE
MM/DD/YYYY

CORPORATION NAME			FEIN		
MAILING ADDRESS			WV CORPORATION INCOME TAX ACCOUNT NUMBER		
CITY	STATE	ZIP	<input type="checkbox"/> CHANGE OF ADDRESS		
STATE OF DOMICILE	NAICS	CONTACT NAME		CONTACT PHONE	

CHECK ALL APPLICABLE BOXES

1) ENTITY TYPE

CORPORATION

NONPROFIT

2) RETURN TYPE

ANNUAL

INITIAL

FINAL

AMENDED

RAR

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) FILING METHOD

SEPARATE ENTITY

CHECK HERE IF SEPARATE BUT PART OF FEDERAL CONSOLIDATED. ENTER FEIN: _____

COMBINED (UB-CR)

SEPARATE COMBINED

GROUP COMBINED SURETY FEIN:

WORLDWIDE ELECTION _____

5) IF SEPARATE, INDICATE ACTIVITY

WHOLLY WV ACTIVITY (SCHEDULE 1)

MULTISTATE ACTIVITY (SCHEDULE 2)

6) REPORTABLE ENTITIES (ALL ENTITIES MUST BE INCLUDED ON SCHEDULE D)

A. ANY PTE YOU ARE A PARTNER, MEMBER, OR SHAREHOLDER DOING BUSINESS IN WV

B. ANY ENTITY YOU OWN 80% OF VOTING STOCK

D. ANY DISREGARDED ENTITY

C. ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK

E. ANY CONTROLLED FOREIGN CORPORATION

7) CURRENTLY UNDER AUDIT BY THE IRS?

NO

YES

YEARS UNDER AUDIT:

8) TYPE OF FEDERAL RETURN INCLUDED WITH THIS RETURN

1120

PROFORMA 1120

990

990T



B 3 0 2 0 2 2 0 1 W

