

TAX PERIOD BEGINNING
MM/DD/YYYY

ENDING
MM/DD/YYYY

EXTENDED
DUE DATE
MM/DD/YYYY

CORPORATION NAME

FEIN

WV CORPORATION INCOME TAX ACCOUNT NUMBER

MAILING ADDRESS

CITY

STATE

ZIP

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 (Form 870 or 4549-A/B must be provided)

52/53 WEEK FILER

DAY OF WEEK ENDING _____

FISCAL

OTHER

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)
(WV ACTIVITY ONLY)

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 4 0 1 W

