

STATE OF WEST VIRGINIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

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WV-8453 Rev. 09/2024	Period beginning (MM/DD/YYYY)		Period ending (MM/DD/YYYY)			
	Your first name and m	iddle Initial	Last Name	Your So	cial Security Number	
	If a joint return, spous	e's first name and middle initial	Last name, if	different Spouse'	s Social Security Number	
	Home Address (number and street)			Daytime	telephone number	
	City, town or post office, state and ZIP code					
Part I	!	Tax Return Information	n (whole dolla	rs only)		
1. Federal Adjusted G	Gross Income			1		
•						
3. Balance Due						
4. Refund				4		
Part II		Direct Deposit or Electr	onic Funds W	ithdrawal		
5. Routing transit number (RTN)		The first two numbers of the RTN must be 01 through 12 or 21 through 32				
6. Depositor account number (DAN)						
7. Electronic Fund	Is Withdrawal (No Partial F	Payments)				
8. Type of account:	Checking Sa	vings (Direct Deposit Only)				
Part III		Declaration	of Taxpayer			
if necessary, credit entries as a	adjustments for any entries in error	be withdrawn by electronic debit as designate into my Checking or Savings account as indic filed a joint return, this is an irrevocable appoi	ated above in Part II and	the Financial Institution indica	ated above in Part II, to credit the same	
Part I above agree with the an that my return, including this de	mounts shown on the corresponding eclaration and accompanying sche error on either return, my state return	ormation contained on my return with the info g lines of my West Virginia income tax return. dules and statements, be sent to the West Virg n will be rejected. If the processing of my return	. To the best of my knowl ginia Tax Division, upon re	ledge and belief, my return is equest by the Division. If I hav	s true, correct, and complete. I consent re filed a joint federal and state return, I	
Please	·					
Sign Here	Your signature	Date	Spouse's	s signature	Date	
Part IV	t IV Declaration & Signature of Electronic Return Originator (ERO) & Paid Preparer					
ensure that Form WV-8453 accurately the West Virginia Tax Division, and ha	y reflects the data on the return.) I have obtave followed all other requirements describe	irm WV-8453 are complete and correct to the best of my sined the taxpayer's signature on Form WV-8453 before a d in the West Virginia Handbook for Electronic Filers of Ir to the best of my knowledge and belief they are true, co	submitting this return to the Tax ndividual Income Tax Returns. It	Division, have provided the taxpayer I am also the Paid Preparer, under	er a copy of all forms and information to filed with penalty of perjury I declare that I have examined	
ERO's Signature Firm Name			Date	Check if: Paid Preparer Self-Employed	Your PTIN/SSN	
(or yours, if self- employed) and				Phone #	El No.	
address					Zip Code	
ERO's are ins	structed to retain th	e WV-8453 and all support	ing document	s for not less tha	an three (3) years.	
Under penalties of perjury, I declare to which preparer has any knowledge.	hat I have examined this return and accon	panying schedules and statements and to the best of m	y knowledge and belief, they a	re true, correct and complete. Decla	aration of preparer is based on all information of	
Paid	Preparer's		Date	Check if:	Your PTIN/SSN	
Prenarere	Signature			Self-Employed		
Preparer's Use Only	Signature Firm Name (or yours, if			Phone #	El No.	