

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	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> NONPROFIT
2) RETURN TYPE		<input type="checkbox"/> ANNUAL	<input type="checkbox"/> INITIAL	<input type="checkbox"/> FINAL
		<input type="checkbox"/> AMENDED	<input type="checkbox"/> RAR	<input type="checkbox"/> OTHER
		<input type="checkbox"/> 52/53 WEEK FILER	DAY OF WEEK ENDING _____	<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"/> SUCCESSOR	FEIN OF PREDECESSOR <input type="text"/>	<input type="checkbox"/> MERGER
		<input type="checkbox"/> TECHNICAL TERMINATIONS		
		<input type="checkbox"/> OTHER _____		
4) FILING METHOD		<input type="checkbox"/> SEPARATE ENTITY		
		<input type="checkbox"/> CHECK HERE IF SEPARATE BUT PART OF FEDERAL CONSOLIDATED. ENTER FEIN: _____		
		<input type="checkbox"/> COMBINED (UB-CR)		
		<input type="checkbox"/> SEPARATE COMBINED		
		<input type="checkbox"/> GROUP COMBINED SURETY FEIN: <input type="text"/>		
		<input type="checkbox"/> WORLDWIDE ELECTION _____		
5) IF SEPARATE, INDICATE ACTIVITY		<input type="checkbox"/> WHOLLY WV ACTIVITY (SCHEDULE 1)		
		<input type="checkbox"/> MULTISTATE ACTIVITY (SCHEDULE 2)		
6) REPORTABLE ENTITIES (SCHEDULE C):				
<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 DISREGARDED ENTITY		
<input type="checkbox"/> ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK		<input type="checkbox"/> ANY CONTROLLED FOREIGN CORPORATION		
7) CURRENTLY UNDER AUDIT BY THE IRS? <input type="checkbox"/> NO <input type="checkbox"/> YES				
YEARS UNDER AUDIT: <input type="text"/>				
8) TYPE OF FEDERAL RETURN INCLUDED WITH THIS RETURN				
<input type="checkbox"/> 1120		<input type="checkbox"/> PROFORMA 1120		<input type="checkbox"/> 990
<input type="checkbox"/> 990T				



NAME

FEIN

9. Adjusted Corporate Net Income Tax from Schedule 1, Schedule 2, or UB-CR.....	9		.00
10. Prior year carryforward credit.....	10		.00
11. Estimated and extension payments.....	11		.00
12. Withholding must match the withholding statements unless withholding is from NRSR.....	12		.00
<input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE)			
13. Payments (add lines 10 through 12; must match total on schedule C).....	13		.00
14. Overpayment previously refunded or credited (amended return only).....	14		.00
15. TOTAL PAYMENTS (subtract line 14 from line 13).....	15		.00
16. If line 15 is larger than line 9 enter overpayment	16		.00
17. Amount of line 16 to be credited to next year's tax.....	17		.00
18. Amount of line 16 to be refunded (subtract line 17 from line 16).....	18		.00
19. If line 15 is smaller than line 9, enter tax due here.....	19		.00
20. Interest for late payment (see instructions).....	20		.00
21. Additions to tax for late filing and/or late payment (see instructions).....	21		.00
22. Penalty for underpayment of estimated tax (line 6, Form CNF-120U; attach schedule).....	22		.00
23. TOTAL DUE with this return (add lines 19 through 22).....	23		.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 Title Date Email Business Telephone Number

Signature of paid preparer Printed Name Firm's name and address Date Email Preparer's Telephone Number

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT TAX ACCOUNT ADMINISTRATION DIVISION PO BOX 1202 CHARLESTON WV 25324-1202



CORPORATION NAME

FEIN

1. Federal taxable income (per attached federal return).....	1		.00
2. Total increasing adjustments (Schedule B line 12).....	2		.00
3. Total decreasing adjustments (Schedule B line 25).....	3		.00
4. West Virginia adjusted taxable income – Line 1 plus line 2 minus line 3.....	4		.00
5. Net operating loss carryforward (Schedule NOL, column 6 total).....	5		.00
6. Subtotal (line 4 less line 5).....	6		.00
7. REIT Inclusion and other Taxable income.....	7		.00
8. WV Net Taxable Income (Add lines 6 and 7).....	8		.00
9. Corporate Net Income Tax Rate.....	9	.065	
10. Corporate Net Income Tax (line 8 multiplied by line 9).....	10		.00
11. Corporate Net Income Tax Credits (Column 2, line 15, Form CNF-120TC).....	11		.00
12. Adjusted Corporate Net Income Tax (subtract line 11 from line 10).....	12		.00

Enter on CNF 120, page 2, line 9



CORPORATION NAME	FEIN

1. Federal taxable income (per attached federal return).....	1		.00
2. Total increasing adjustments (Schedule B line 12).....	2		.00
3. Total decreasing adjustments (Schedule B line 25).....	3		.00
4. Adjusted Federal taxable income (line 1 plus line 2 minus line 3).....	4		.00
5. Total nonbusiness income allocated everywhere (Form CNF-120APT, Schedule A-1, line 9, Column 3).....	5		.00
6. Total income subject to apportionment (subtract line 5 from line 4).....	6		.00
7. WV Apportionment Factor (Form CNF-120APT, Sch. B Part 1, line 8, or either Part 2 or Part 3 Column 3) COMPLETED FORM MUST BE ATTACHED	7		
8. West Virginia apportioned income (line 6 multiplied by line 7).....	8		.00
9. Nonbusiness income allocated to West Virginia (Form CNF-120APT Sch. A2, Line 13)	9		.00
10. West Virginia adjusted taxable income – add lines 8 and 9.....	10		.00
11. Net operating loss carryforward (Schedule NOL, column 6 total).....	11		.00
12. Subtotal (line 10 less line 11).....	12		.00
13. REIT Inclusion and other Taxable income.....	13		.00
14. WV Net Taxable Income (Add lines 12 and 13).....	14		.00
15. Corporate Net Income Tax Rate.....	15	.065	
16. Corporate Net Income Tax (line 14 multiplied by line 15).....	16		.00
17. Corporate Net Income Tax Credits (Column 2, line 15, Form CNF-120TC).....	17		.00
18. Adjusted Corporate Net Income Tax (subtract line 17 from line 16).....	18		.00
Enter on CNF-120, page 2, line 9			



Adjustments to Federal Taxable Income 2018

Adjustments Increasing Federal Taxable Income (§11-24-6 and 6a)

1. Interest or dividends on obligations or securities from any state or a political subdivision	1	.00
2. US Government obligation interest or dividends not exempt from state tax, less related expenses not deducted on federal return.....	2	.00
3. Income taxes or taxes based upon net income, imposed by this state or any other jurisdiction, deducted on your federal return.....	3	.00
4. Federal depreciation/amortization for West Virginia water/air pollution control facilities – wholly West Virginia corporations only. Multistate corporations must use CNF-120APT, Schedule A-2, line 11	4	.00
5. Unrelated business taxable income of a corporation exempt from federal tax (IRC §512).....	5	.00
6. Federal net operating loss deduction.....	6	.00
7. Federal deduction for charitable contributions to Neighborhood Investment Programs, if claiming the West Virginia Neighborhood Investment Programs Tax Credit.....	7	.00
8. Net operating loss from sources outside the United States (WV Code §11-24-6(b)(6))	8	.00
9. Foreign taxes deducted on your federal return.....	9	.00
10. Add back expenses related to certain REIT's and Regulated Investment Companies and certain interest and intangible expenses (WV Code §11-24-4b).....	10	.00
11. Other increasing adjustments.....	11	.00
12. TOTAL INCREASING ADJUSTMENTS (Add lines 1 through 11; enter here and on Schedule 1, line 2 or Schedule 2, line 2).....	12	.00

Adjustments Decreasing Federal Taxable Income (§11-24-6)

13. Refund or credit of overpayment of income taxes or taxes based upon net income, imposed by this state or any other jurisdiction, included in federal taxable income.....	13	.00
14. Interest expense on obligations or securities of any state or its political subdivisions, disallowed in determining federal taxable income.....	14	.00
15. US Government obligation interest or dividends subject to federal but exempt from state tax, less related expenses deducted on your federal return.....	15	.00
16. Salary expense not allowed on federal return due to claiming the federal jobs credit.....	16	.00
17. Foreign dividend gross-up (IRC Section 78).....	17	.00
18. Subpart F income (IRC Section 951).....	18	.00
19. Taxable income from sources outside the United States.....	19	.00
20. Cost of West Virginia water/air pollution control facilities – wholly WV corporations only. Multistate corporations must use CNF-120 APT, Schedule A-2, line 10.....	20	.00
21. Employer contributions to medical savings accounts (WV Code §33-16-15) included in federal taxable income less amounts withdrawn for non-medical purposes.....	21	.00
22. Other decreasing adjustments.....	22	.00
23. SUBTOTAL of decreasing adjustments (Add lines 13 through 22).....	23	.00
24. Schedule B-1 allowance (Schedule B-1, Line 9).....	24	.00
25. TOTAL DECREASING ADJUSTMENTS (Add lines 23 and 24; enter here and on Schedule 1, line 3 or Schedule 2, line 3).....	25	.00



AVERAGE MONTHLY BALANCE

1. Federal obligations and securities	1		.00
2. Obligations of West Virginia and any political subdivision of West Virginia	2		.00
3. Investments or loans primarily secured by mortgages or deeds of trusts on residential property located in West Virginia.....	3		.00
4. Loans primarily secured by a lien or security agreement on a mobile home or doublewide located in West Virginia.....	4		.00
5. TOTAL (Add lines 1 through 4).....	5		.00
6. Total assets as shown on Schedule L, Federal Form 1120 or 1120A.....	6		.00
7. Divide line 5 by line 6 (round to six (6) decimal places).....	7	.	
8. Adjusted income (Schedule 1, line 1 or Schedule 2, line 1 plus Schedule B line 12, minus line 23, plus Form CNF-120APT, Schedule A-2, lines 10, 11, & 12).....	8		.00
9. ALLOWANCE (line 7 multiplied by line 8 (disregard sign)) Enter here and on Schedule B, line 24.....	9		.00



**REPORTABLE ENTITIES
& SCHEDULE OF TAX PAYMENTS**

2018

NAME OF BUSINESS	FEIN	DATE OF PAYMENT			TYPE: WITHHOLDING, ESTIMATED, EXTENSION, OTHER PMTS OR PRIOR YEAR CREDIT	AMOUNT OF PAYMENT
		MM	DD	YYYY		
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
TOTAL (AMOUNT MUST AGREE WITH AMOUNT ON CNF-120, LINE 13)00

Include all disregarded entities whether they have made a payment or not.
Note-The disregarded entities will be filing under the parent's WV Account number.



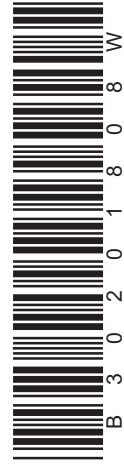
**WEST VIRGINIA NET OPERATING LOSS
CARRYFORWARD CALCULATION (§11-24-6 (D))**

2018

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
Month and Year of Loss MM YYYY	FEIN of the Consolidated Parent or FEIN of Each Entity Incurring WV NOL	Amount of West Virginia Net Operating Loss	Amount carried back to years prior to loss year	Amount carried forward to years prior to this year	Amount being used this year	Remaining unused net operating loss
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
West Virginia net operating loss carryforward being used in current tax year						
Sum of column 6 – Enter on Schedule 1, line 5 or Schedule 2, line 11 or UB-CR, Column 3.....						

*PLEASE NOTE – WV Net Operating Loss incurred in tax years beginning on and after January 1, 2009 can only be claimed by the entity that incurred the loss. To claim loss incurred on a consolidated return that the entity was a part of prior to 2009, provide the name and FEIN of the Consolidated Parent that reported the loss. To Claim loss in tax years 2009 and later (including each unitary group member), provide the name and FEIN of the entity that incurred the loss.

FEIN



B 3 0 2 0 1 8 0 8 W

FEIN

This form is used by corporations that are subject to tax in more than one state to allocate and apportion their income to the State of West Virginia. Complete and attach to Form CNF-120. See instructions for information on APT Schedules A1, A2, and B, Part 1, 2, & 3.

**APT SCHEDULE A1 EVERYWHERE
ALLOCATION OF NONBUSINESS INCOME FOR MULTISTATE BUSINESSES (§11-24-7)**

TYPES OF ALLOCABLE INCOME	Column 1 GROSS INCOME	Column 2 RELATED EXPENSES	Column 3 NET INCOME
1. Rents.....	.00	.00	.00
2. Royalties.....	.00	.00	.00
3. Capital gains/losses.....	.00	.00	.00
4. Interest.....	.00	.00	.00
5. Dividends.....	.00	.00	.00
6. Patent/copyright royalties.....	.00	.00	.00
7. Gain – sale of natural resources (IRC Sec. 631 (a)(b)).....	.00	.00	.00
8. Income from nonunitary sources reported on the schedule K-1C.....			.00
9. Nonbusiness income/loss – Sum of lines 1 through 8, of column 3. Enter total of Column on Schedule 2, line 5			.00

**APT SCHEDULE A2 WEST VIRGINIA
ALLOCATION OF NONBUSINESS INCOME FOR MULTISTATE BUSINESSES (§11-24-7)**

TYPES OF ALLOCABLE INCOME	Column 1 GROSS INCOME	Column 2 RELATED EXPENSES	Column 3 NET INCOME
1. Rents.....	.00	.00	.00
2. Royalties.....	.00	.00	.00
3. Capital gains/losses.....	.00	.00	.00
4. Interest.....	.00	.00	.00
5. Dividends.....	.00	.00	.00
6. Patent/copyright royalties.....	.00	.00	.00
7. Gain – sale of natural resources (IRC Sec. 631 (a)(b)).....	.00	.00	.00
8. Income from nonunitary sources reported on the schedule K-1C.....			.00
9. Nonbusiness income/loss – Sum of lines 1 through 8, of column 3.00
10. Less cost of West Virginia water/air pollution control facilities this year.....			.00
11. Federal depreciation/amortization on those facilities this year.....			.00
12. Federal depreciation/amortization on such facilities expensed in prior year.....			.00
13. Net nonbusiness income/loss allocated to West Virginia (sum of lines 9 through 12, column 3. Enter on Schedule 2, Line 9			.00



(CNF-120APT)

W

FEIN

FAILURE TO COMPLETE CNF-120APT, SCHEDULE B WILL RESULT IN 100% APPORTIONMENT TO WEST VIRGINIA

APT SCHEDULE B
 APPORTIONMENT FACTORS FOR MULTISTATE BUSINESS (§11-24-7)

PART 1 - REGULAR FACTOR

LINES 1 & 2: Divide Column 1 by Column 2 and enter six (6) digit decimal in column 3.

LINE 5: Column 1 - Enter line 3. Column 2 - line 3 less line 4. Divide column 1 by column 2 and enter six (6) digit decimal in column 3.

	Column 1 West Virginia	Column 2 Everywhere	Column 3 Decimal Fraction (6 digits)
1. Total Property.....	.00	.00	.
2. Total Payroll.....	.00	.00	.
3. Total sales.....	.00	.00	.
4. Sales to purchasers in a state where you are not taxable.....		.00	.
5. Adjusted sales.....	.00	.00	.
6. Adjusted sales (enter line 5 again)	.00	.00	.
7. TOTAL: add Column 3, Lines 1, 2, 5, and 6.....			.
8. APPORTIONMENT FACTOR - Line 7 divided by the number 4, reduced by the number of factors showing zero in column 2, lines 1, 2, 5, and 6. Enter six (6) digits after the decimal. Enter on Schedule 2, line 7.....			.

PART 2 - MOTOR CARRIER FACTOR (§11-24-7A)

Divide Column 1 by Column 2 and enter six (6) digit decimal in Column 3
 Enter Column 3 on Form CNF-120, Schedule 2, line 7

VEHICLE MILEAGE	Column 1 West Virginia	Column 2 Everywhere	Column 3 Decimal Fraction (6 digits)
			.

PART 3 - FINANCIAL ORGANIZATION FACTOR (§11-24-7B)

Divide Column 1 by Column 2 and enter six (6) digit decimal in column 3
 Enter Column 3 on CNF-120, Schedule 2, line 7.

GROSS RECEIPTS	Column 1 West Virginia	Column 2 Everywhere	Column 3 Decimal Fraction (6 digits)
	.00	.00	.



CNF-120TC SUMMARY OF CORPORATION NET INCOME TAX CREDITS **2018**
 REV 8-18 W

CORPORATION NAME	FEIN

This form is used by corporations to summarize the tax credits that they claim against their Corporation Net Income Tax liability. In addition to completing this summary form, each tax credit has a schedule or form that is used to determine the amount of credit that can be claimed. Both this summary form and the appropriate credit calculation schedule(s) or form(s) must be attached to your return in order to claim a tax credit. **If you are claiming the Neighborhood Investment Program Credit you are no longer required to enclose the WV/NIPA-2 credit schedule with your return. You must maintain the schedule in your files.**

TAX CREDITS THE TOTAL AMOUNT OF CREDIT CANNOT EXCEED THE TAX LIABILITY FOR THAT TAX		COLUMN 1 CREDIT CALCULATED ON APPROPRIATE SCHEDULE		COLUMN 2 CREDIT USED
1. Economic Opportunity Tax Credit (§11-13Q) Schedule WV/EOTC-1	1	.00		.00
2. Manufacturing Investment Tax Credit (§11-13S) Schedule WV/MITC-1	2	.00		.00
3. Historic Rehabilitated Buildings Investment Credit (§11-24-23a) Schedule RBIC	3	.00		.00
4. West Virginia Neighborhood Investment Program Credit (§11-13J) Form WV/NIPA-2	4	.00		.00
5. Environmental Agricultural Equipment Tax Credit (§11-13k) Form WV/AG-1	5	.00		.00
6. Electric, Gas, and Water Utilities Rate Reduction Credit (§11-24-11) Schedule L	6	.00		.00
7. Telephone Utilities Rate Reduction Credit (§11-24-11a) Schedule K	7	.00		.00
8. West Virginia Military Incentive Credit (§11-24-12) Schedule J	8	.00		.00
9. Apprentice Training Tax Credit (§11-13w) Schedule WV/ATTC-1	9	.00		.00
10. Film Industry Tax Credit (§11-13x) Schedule WVFIIA-TCS	10	.00		.00
11. Manufacturing Property Tax Adjustment Credit (§11-13Y) Schedule WV/MPTAC-1	11	.00		.00
12. Alternative Fuel Tax Credit (§11-6d) Schedule AFTC-1	12	.00		.00
13. Innovative Mine Safety Technology Tax Credit (§11-13BB) Schedule IMSTTC-1	13	.00		.00
14. Farm to Food Bank Tax Credit (§11-13DD).....	14	.00		.00
15. TOTAL CREDITS Add lines 1 through 14.....	15	.00		.00
				Enter on Line 11, Schedule 1 or Line 17, Schedule 2

Attach this form and the appropriate computation schedules/forms and documentation to your return to support the credit claimed.



CORPORATION NAME	FEIN

PART I: All filers must complete this part

1. Corporate Net Income Tax after credits (line 9 of Form CNF-120)..... 1 .00

IF LINE 1 IS LESS THAN \$650, DO NOT COMPLETE LINES 2 OR 3. ENTER ZERO ON LINE 5

2. Multiply line 1 by ninety percent (.90)..... 2 .00

3. Enter the income tax after credits from your 2017 return (see instructions) 3 .00

4. Enter the smaller of line 2 or line 3..... 4 .00

5. Income Tax required to be paid. Enter line 4 amount here..... 5 .00

*IF LINE 5 IS ZERO, DO NOT COMPLETE THIS FORM! YOU ARE NOT SUBJECT TO THE PENALTY.
REFER TO THE INSTRUCTIONS TO DETERMINE YOUR OPTIONS FOR CALCULATING THE UNDERPAYMENT PENALTY*

6. Determine your penalty by completing Part II, Part III, and Part IV. Enter your penalty from line 42 here and on line 22 of Form CNF-120..... 6 .00

If you are requesting a waiver of the penalty calculated, check here

If you are using the ANNUALIZED INCOME WORKSHEET to compute your underpayment penalty, complete Part II

PART II: ANNUALIZED INCOME INSTALLMENT (Multistate taxpayers use apportioned figures for lines 1 and 4)

	Column B: 3 months	Column C: 6 months	Column D: 9 months
1. Enter WV taxable income for each period.....	.00	.00	.00
2. Annualization amounts.....	4	2	1.3333
3. Multiply line 1 by line 2.....	.00	.00	.00

	Column A: 3 months	Column B: 5 months	Column C: 8 months	Column D: 11 months
4. Enter the WV taxable income for each period.....	.00	.00	.00	.00
5. Annualization amounts.....	4	2.4	1.5	1.09091
6. Multiply line 4 by line 5.....	.00	.00	.00	.00

**For line 7 of column A, enter the amount from line 6 of column A.
In columns B, C, & D, enter the smaller of the amounts in each column from line 3 or line 6.**

7. Annualized taxable income ..	.00	.00	.00	.00
8. Tax rate.....	0.065	0.065	0.065	0.065
9. Annualized tax (multiply line 7 by line 8).....	.00	.00	.00	.00
10. Tax credits. Enter credits from CNF-120TC line 15 in each column	.00	.00	.00	.00
11. Subtract line 10 from line 9. If zero or less, enter 0.....	.00	.00	.00	.00
12. Applicable percentage.....	0.225	.45	.675	0.9
13. Multiply line 11 by line 12....	.00	.00	.00	.00



B 3 0 2 0 1 8 1 2 W

NAME	FEIN
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COMPLETE LINES 14 THROUGH 20 FOR ONE COLUMN BEFORE GOING TO THE NEXT COLUMN

	Column A	Column B	Column C	Column D
14. Add the amounts in all previous columns of line 20.....		.00	.00	.00
15. Subtract line 14 from line 13. If zero or less, enter 0.....	.00	.00	.00	.00
16. Enter 1/4 of Part I, line 4 in each column.....	.00	.00	.00	.00
17. Enter the amount from line 19 of the previous column of this worksheet.....		.00	.00	.00
18. Add lines 16 and 17.....	.00	.00	.00	.00
19. Subtract line 15 from line 18. If zero or less, enter 0.....	.00	.00	.00	
20. Required Installment. Enter the smaller of line 15 or line 18.....	.00	.00	.00	.00

PART III: Calculate the Underpayment

	Column A	Column B	Column C	Column D
21. Installment Due Dates: Enter in columns A – D the 15th day of the 4th, 6th, 9th, and 12th months of your tax year.....				
22. If you are using the annualized method, enter the amounts from line 20; otherwise 1/4 of Part I, line 5 of each column.....	.00	.00	.00	.00
23. Estimated payments (see instructions). If line 23 is greater than or equal to line 22 for all columns, stop here, you are not subject to the penalty.....	.00	.00	.00	.00

COMPLETE LINES 24 THROUGH 30 FOR ONE COLUMN BEFORE GOING TO THE NEXT COLUMN

24. Enter the amount, if any, from line 30 of the previous column.....		.00	.00	.00
25. Add lines 23 and 24.....		.00	.00	.00
26. Add lines 28 and 29 of the previous column.....		.00	.00	.00
27. In column A enter the value from line 23. In columns B – D, subtract line 26 from line 25. If zero or less, enter 0.....	.00	.00	.00	.00
28. If line 27 is zero, subtract line 25 from line 26; otherwise enter 0.....		.00	.00	
29. UNDERPAYMENT: If line 22 is equal to or more than line 27, subtract line 27 from line 22. Enter the result here and go to line 24 of the next column. Otherwise, go to line 30.....	.00	.00	.00	.00
30. OVERPAYMENT: If line 27 is more than line 22, subtract line 22 from line 27. Enter the result here and go to line 24 of the next column.....	.00	.00	.00	.00

NAME	FEIN
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PART IV: Calculate the Penalty

31. Enter the date of the installment payment or the unextended due date of your annual return, whichever is earlier				
32. Enter the number of days from the due date of the installment on Part III, line 21 to the date shown on Part IV, line 31.....				
33. Enter the number of days on line 32 before 7/1/18.				
34. Enter the number of days on line 32 after 6/30/18 and before 1/1/19.....				
35. Enter the number of days on line 32 after 12/31/18 and before 7/1/19.....				
36. Enter the number of days on line 32 after 6/30/19 and before 1/1/20.....				
37. Underpayment on Part III, Line 29 x (number of days on line 33/365) x .0875.....	.00	.00	.00	.00
38. Underpayment on Part III, Line 29 x (number of days on line 34/365) x .0875.....	.00	.00	.00	.00
39. Underpayment on Part III, Line 29 x (number of days on line 35/365) x .0875.....	.00	.00	.00	.00
40. Underpayment on Part III, Line 29 x (number of days on line 36/365) x * %.....	.00	.00	.00	.00
41. TOTAL: Add lines 37 through 40.....	.00	.00	.00	.00
42. PENALTY DUE – Add Columns A – D, line 41. Enter here and on line 6 of Part 1 and on CNF-120, line 22.....				.00

***See instructions to determine rates in effect for these periods.**

FEIN

EXTENDED DUE DATE

TAX YEAR							
BEGINNING				ENDING			
	MM	DD	YYYY		MM	DD	YYYY

<p>BUSINESS NAME AND ADDRESS</p>	<p style="text-align: center;">TYPE OF BUSINESS (CHECK ONLY ONE)</p> <p><input type="checkbox"/> CORPORATION</p> <p><input type="checkbox"/> NONPROFIT</p> <hr/> <p>Has form 7004 or 8868 been filed with the Internal Revenue Service for this taxable year?</p> <p style="text-align: center;"><input type="checkbox"/> NO <input type="checkbox"/> YES</p>
---	---

Contact Person	Contact Phone #
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1. Tentative West Virginia Corporate Net Income Tax.....	1	.00
2. Less Estimated Payments.....	2	.00
3. Less Prior Year Credit.....	3	.00
4. Balance Due.....	4	.00

NOTE: This form is to be used for making an extension Corporation Net Income Tax Payment and is not a substitute for filing of the actual WV return (Form CNF-120). **An extension of time for filing does not extend the time for payment.** To avoid interest and additions to tax for late payment, use this return to make a tentative payment pending the filing of your annual return.

WHO MAY FILE: Any taxpayer who expects to owe West Virginia Corporation Net Income Tax for the taxable year, and needs an extension of time to file their West Virginia return. If you do not expect to owe West Virginia Corporation Net Income Tax and you have filed a Federal Extension Form 7004 and/ or 8868, you are not required to file the CNF-120EXT.

WHEN TO FILE: C Corporations are to file on or before the fifteenth day of the fourth month following the close of the taxable year. **Tax exempt organizations with unrelated business income** are to file on or before the fifteenth date of the fifth month following the close of the taxable year.

CLAIMING OF EXTENSION PAYMENT: An extension payment made by filing Form CNF-120EXT must be claimed on line 11 of your WV return (Form CNF-120).

DO NOT SEND A COPY OF YOUR FEDERAL FORM 7004 OR 8868 WITH THIS RETURN. Instead, attach it to your WV return for the tax period and enter the extended due date on your CNF-120, page 1.

Make check payable and remit to:
West Virginia State Tax Department
Tax Account Administration Division
PO Box 1202
Charleston, WV 25324-1202



List of Members in Unitary Combined Group

2018

CORPORATION NAME _____

FEIN _____

Common year ending for the unitary business group: _____

MM / DD / YYYY

List all members (See specific Instructions)

Group# (1 - 3)	Name	FEIN	Year ending		Total Tax from UB-CR, Column C4	Total Payments & Prior Year Credits
			MM	YYYY		
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00
					.00	.00

NOTE: After completing this schedule, see Schedule UB Instructions for Completing Form CNF-120



B 3 0 2 0 1 8 1 4 W

TAXABLE YEAR OF ORGANIZATION						
BEGINNING MM/DD/YYYY				ENDING MM/DD/YYYY		
ORGANIZATION NAME (please type or print)				NAME OF PARTNER/SHAREHOLDER/MEMBER/BENEFICIARY		
STREET or POST OFFICE BOX				STREET or POST OFFICE BOX		
CITY	STATE	ZIP		CITY	STATE	ZIP
WEST VIRGINIA IDENTIFICATION NUMBER	FEDERAL IDENTIFICATION NUMBER		FEIN	WV IDENTIFICATION NUMBER		
CHECK ONE: <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership	1. Income subject to withholding for nonresident as reported on organization's S Corporation, Partnership or Fiduciary Return			\$		
	2. Amount of West Virginia income tax withheld (see instructions)			\$		
	PERCENTAGE OF OWNERSHIP					%

INCOME

1. Distributive pro rata share of income allocable to West Virginia.....	1	.00
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ADDITIONS

2. Interest or dividend income on federal obligations which is exempt from federal tax but subject to state tax.....	2	.00
3. Interest or dividend income on state and local bonds earning income from West Virginia sources.....	3	.00
4. Interest on money borrowed to purchase bonds earning income exempt from West Virginia tax.....	4	.00
5. Any amount not included in federal income that was an eligible contribution for the Neighborhood Investment Program Tax Credit.....	5	.00
6. Other Income deducted from federal adjusted gross income but subject to state tax.....	6	.00
7. Federal depreciation/amortization for WV water/air pollution control facilities.....	7	.00
8. Unrelated business taxable income of a corporation exempt from federal tax.....	8	.00
9. Add back expenses for certain REIT's and RIC's.....	9	.00

SUBTRACTIONS

10. Interest or dividends received on United State or West Virginia obligations included in federal adjusted gross income but exempt from state tax.....	10	.00
11. Refunds of state and local income taxes received and reported as income to the IRS....	11	.00
12. Other income included into federal adjusted gross income but excluded from state income tax.....	12	.00
13. Salary expense not allowed on federal return due to claiming the federal jobs credit.....	13	.00
14. Cost of WV water/air poolution control facilities.....	14	.00
15. Allowance for governmental obligations/obligations secured by residential property (See CNF 120, Schedule B-1)	15	.00



B 3 0 2 0 1 8 1 5 W

NAME

FEIN

CREDITS ALLOCABLE TO PARTNER/MEMBER/SHAREHOLDER

16. Economic Opportunity Tax Credit.....	16		.00
17. Environmental Agricultural Equipment Tax Credit.....	17		.00
18. WV Neighborhood Investment Program Credit.....	18		.00
19. Apprentice Training Tax Credit.....	19		.00
20. Film Industry Investment Tax Credit.....	20		.00
21. Alternative Fuel Tax Credit.....	21		.00
22. Innovative Mine Safety Tax Credit.....	22		.00
23. Historic Rehabilitated Buildings Tax Credit.....	23		.00
24. West Virginia Military Incentive Tax Credit.....	24		.00
25. Farm to Food Bank Tax Credit.....	25		.00

ADDITIONAL INFORMATION

