## WEST VIRGINIA CORPORATION NET INCOME TAX RETURN 2019

**TAX PERIOD BEGINNING**

**ENDING**

**EXTENDED DUE DATE**

### CORPORATION NAME

### FEIN

### MAILING ADDRESS

### WV CORPORATION INCOME TAX ACCOUNT NUMBER

### 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
- [ ] 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
- [ ] SEPARATE COMBINED
- [ ] (UB-CR)
- [ ] 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 C OR SCHEDULE D):**

- [ ] ANY PTE YOU ARE A PARTNER, MEMBER, OR SHAREHOLDER DOING BUSINESS IN WV

- [ ] ANY ENTITY YOU OWN 80% OF VOTING STOCK

- [ ] ANY DISREGARDED ENTITY

- [ ] ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK

- [ ] 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
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Adjusted Corporate Net Income Tax from Schedule 1, Schedule 2, or UB-CR</td>
<td>0.00</td>
</tr>
<tr>
<td>10</td>
<td>Prior year carryforward credit</td>
<td>0.00</td>
</tr>
<tr>
<td>11</td>
<td>Estimated and extension payments</td>
<td>0.00</td>
</tr>
<tr>
<td>12</td>
<td>Withholding must match the withholding statements unless withholding is from NRSR</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td><strong>CHECK HERE IF WITHHOLDING IS FROM NRSR</strong> (NONRESIDENT SALE OF REAL ESTATE)</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Payments (add lines 10 through 12; must match total on schedule C)</td>
<td>0.00</td>
</tr>
<tr>
<td>14</td>
<td>Overpayment previously refunded or credited (amended return only)</td>
<td>0.00</td>
</tr>
<tr>
<td>15</td>
<td>TOTAL PAYMENTS (subtract line 14 from line 13)</td>
<td>0.00</td>
</tr>
<tr>
<td>16</td>
<td>If line 15 is larger than line 9 enter overpayment</td>
<td>0.00</td>
</tr>
<tr>
<td>17</td>
<td>Amount of line 16 to be credited to next year’s tax</td>
<td>0.00</td>
</tr>
<tr>
<td>18</td>
<td>Amount of line 16 to be refunded (subtract line 17 from line 16)</td>
<td>0.00</td>
</tr>
<tr>
<td>19</td>
<td>If line 15 is smaller than line 9, enter tax due here</td>
<td>0.00</td>
</tr>
<tr>
<td>20</td>
<td>Interest for late payment (see instructions)</td>
<td>0.00</td>
</tr>
<tr>
<td>21</td>
<td>Additions to tax for late filing and/or late payment (see instructions)</td>
<td>0.00</td>
</tr>
<tr>
<td>22</td>
<td>Penalty for underpayment of estimated tax</td>
<td>0.00</td>
</tr>
<tr>
<td>23</td>
<td><strong>TOTAL DUE</strong> with this return (add lines 19 through 22)</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**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 1202
CHARLESTON WV 25324-1202