

**APPLICATION FOR DOWNSTREAM NATURAL GAS
MANUFACTURING INVESTMENT TAX CREDIT**

FOR INVESTMENTS PLACED IN SERVICE ON OR AFTER JULY 1, 2020
A SEPARATE DNG-A MUST BE FILED FOR EACH YEAR IN WHICH INVESTMENT FOR PURPOSE OF THE DOWNSTREAM NATURAL GAS MANUFACTURING INVESTMENT TAX CREDIT IS PLACED IN SERVICE OR USE. ADDITIONALLY, THE APPLICATION MUST BE APPROVED BY THE STATE TAX DEPARTMENT BEFORE ANY CREDIT MAY BE CLAIMED.

SECTION A: BUSINESS IDENTIFICATION							
1	FEIN OR SSN	WV TAX ID	PREPARER'S EIN				
TAX PERIOD							
2	BEGINNING			ENDING			
		MM	DD		YYYY	MM	DD
3	BUSINESS NAME						
4	ADDRESS						
	CITY				STATE	ZIP	
SECTION B: CREDIT CALCULATION AND QUALIFIED INVESTMENT							
APPLICATION IS HEREBY MADE TO THE TAX COMMISSIONER OF WEST VIRGINIA FOR ALLOWANCE OF DOWNSTREAM NATURAL GAS MANUFACTURING INVESTMENT TAX CREDIT WITH RESPECT TO QUALIFIED INVESTMENT PROPERTY PLACED IN SERVICE OR USE DURING APPLICANT'S TAX YEAR, AS INDICATED ABOVE, AND THE NEW JOBS CREATED BY THE APPLICANT THAT ARE DIRECTLY ATTRIBUTABLE TO THE QUALIFIED INVESTMENT PROPERTY.							
1	BUSINESS ACTIVITY IN WEST VIRGINIA (THIS CREDIT IS ONLY AVAILABLE TO QUALIFIED DOWNSTREAM NATURAL GAS MANUFACTURERS)						
	A) NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM CODE (NAICS)						
	B) NARRATIVE DESCRIPTION OF BUSINESS ACTIVITY IN WEST VIRGINIA						
2		INVESTMENT YEAR	TOTAL INVESTMENT	QUALIFIED INVESTMENT			
			\$	\$			
	LOCATION(S) OF INVESTMENT IN WEST VIRGINIA						
	GENERAL DESCRIPTION OF QUALIFIED INVESTMENT						
3	PAYROLL AND EMPLOYMENT		PAYROLL	JOBS			
	A. TOTAL PAYROLL AND NUMBER OF JOBS PRIOR TO INVESTMENT		\$				
	B. TOTAL PAYROLL AND NUMBER OF JOBS THIS TAX YEAR		\$				
	C. PROJECTED WV PAYROLL AND NUMBER OF JOBS AFTER 3 YEARS		\$				
	D. MEDIAN COMPENSATION OF NEW JOBS		\$				
4	BENEFITS	PERCENTAGE OF EMPLOYEES COVERED	AVERAGE ANNUAL COST PER EMPLOYEE	NUMBER OF NEW JOBS WITH THE BENEFIT			
	A. HEALTH	%					
	B. RETIREMENT	%					
	C. OTHER BENEFITS	%					
7	DOES THE TAXPAYER ELECT TO BEGIN THE 10-YEAR CREDIT PERIOD WITH THE NEXT SUCCEEDING TAXABLE YEAR?			<input type="checkbox"/> YES		<input type="checkbox"/> NO	
SIGNATURE							
<i>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.</i>							
SIGNATURE OF TAXPAYER		NAME OF TAXPAYER (PRINT OR TYPE)			TITLE	DATE	
SIGNATURE OF PREPARER OTHER THAN TAXPAYER				ADDRESS		DATE	
PERSON TO CONTACT CONCERNING THIS RETURN						DAYTIME TELEPHONE	

DO NOT ATTACH THE APPLICATION TO YOUR ANNUAL RETURN. RETURN THE COMPLETED APPLICATION TO THE WEST VIRGINIA STATE TAX DEPARTMENT
PO BOX 1202
CHARLESTON WV 25324-1202.

IF YOU HAVE ANY QUESTIONS OR NEED FURTHER INFORMATION REGARDING THIS APPLICATION, TELEPHONE (304) 558-3333, OR TOLL FREE TO 1-800-WVA-TAXS (1-800-982-8297).

