

Name			Account #:
Address			
City	State	Zip	

# WV/IT-101Q WEST VIRGINIA EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD rtL049 v.28

Quarter Ending:	Due Date:	See instructions on reverse side before this form. Please type or print within	
Part 1: Complete Lines 1-1	0		
1. Number of employees who re	ceived wages, tips and other comp	pensation for the quarter	
2. Wages, tips and other comper	nsation for the quarter		
3. Total WV income tax withhel	d from wages, tips and other com	pensation for the quarter	
4. WV Liability	5. WV Liability	6. WV Liability	7. Total WV Liability for Quarter (Must Equal Line 3)
8. Total payments for the quarte	r		•
9. Balance due (If line 7 is gro	eater than line 8, enter difference l	here)	
10. Overpayment (If line 8 is gr	reater than line 7, enter difference	here) Refund	
Part 2: Tell us about your l	ousiness. If not applicable	to your business, leave bl	ank.
If your business has stopped payir	ng wages, check here and ente	er final date you paid wages	M D D Y Y Y Y
Part 3: Sign your return.			
Under penalties of perjury, I declare tha and belief, it is true, correct and comple	t I have examined this return, accompanyi te.	ng schedules and statements, and to the b	best of my knowledge
(Signature of Taxpayer)	(Name of Taxpayer - Type or Print)	(Title)	(Date)
(Person to Contact Concerning this Return)		(Telephone Number)	
(Signature of Preparer other than Taxpayer)	(Address)	(Date)	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT Tax Account Administration Div P.O. Box 1667 , Charleston, WV 25326-1667 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297 For more information visit our web site at: www.tax.wv.gov File online at https://mytaxes.wvtax.gov



NOTE: You will no longer receive a blue payment voucher booklet. You will now receive the WV/IT-101Q return along with the next 3 months IT-101V payment vouchers. You are encouraged to view your tax accounts, file tax returns and make payments online by registering for MyTaxes. Save the stamp! Visit the website at https://mytaxes.wvtax.gov

All employers are monthly payers and quarterly filers with the exception of employers who withhold less than \$600 annually OR employ certain domestic and household employees. Please visit the website for guidelines for making payments, filing returns, Annual Reconciliations, W-2's, 1099's, etc. at: www.tax.wv.gov/Business/Withholding/HelpandGeneralInform ation.

**Payment of Tax Due:** Monthly payments are required. Payments are submitted separately from the return. Payments along with form WV/IT-101V are due the 15th day of the month following the close of the month. Payments received after the 15th of the following month are LATE. Interest and penalty will be assessed.

**Return Filing:** A separate quarterly return, form WV/IT-101Q is due for each quarter in the calendar year. The WV/IT-101Q is due by the last day of the month following the close of the quarter. The return must be completed and submitted to the WV State Tax Department even if you had no employees and no tax has been withheld.

**Underpayment:** Enclose a payment if Line 9 of the WV/IT-101Q has a balance due.

**Amended:** To correct a previously filed return, please check the box for AMENDED. Be sure the period ending date is for the period that needs corrected.

**Changes:** If it becomes necessary to change your filing frequency or address during the year, please notify the Withholding Unit by fax at 304-558-1150. Your Withholding Tax account will be adjusted accordingly and, if necessary, additional forms will be issued.

Employers who employ more than ten (10) employees are required to file and pay electronically at https://mytaxes.wvtax.gov Employers who fail to meet this requirement are subject to a penalty of \$25 per employee.

For Additional Information, please visit our website: www.tax.wv.gov or contact:

Taxpayer Services Division (304) 558-3333 1-800-WVA-TAXS (800) 982-8297 For the hearing impaired TDD 1-800-282-9833

## INSTRUCTIONS FOR COMPLETING FORM WV/IT-101Q

#### Part 1:

**Line 1** - Enter number of employees you had for the quarter. If you had no employees during this period, enter zero.

**Line 2** - Enter total amount of compensation paid to these employees for the quarter. If no compensation was paid during this period, enter zero.

**Line 3** - Enter total amount of West Virginia Income Tax withheld for the quarter. If no withholding during this period, enter zero.

**Box 4** - Enter the total tax liability due for the first month in the quarter. If no liability was accrued during this month, enter zero.

**Box 5** - Enter the total tax liability due for the second month in the quarter. If no liability was accrued during this month, enter zero.

**Box**  $\underline{6}$  - Enter the total tax liability due for the third month in the quarter. If no liability was accrued during this month, enter zero.

**Box 7** - Enter the total tax liability due for the quarter (sum of month 1 + month 2 + month 3). The amount should be equal to the total income tax withheld from wages (Line 3).

<u>Line 8</u> - Enter the total payments submitted to the State Tax Department for the quarter. If none, enter zero.

**Line 9** - Compare line 8 to box 7, if box 7 is greater than line 8, enter the difference here and follow the **Underpayment** instructions. If box 7 is less than line 8, go to Line 10. If box 7 equals line 8, go to Part 2.

**Line 10** - Compare line 8 to box 7, if line 8 is greater than box 7, enter the difference here. The overpayment credit will be applied to the next period. Or to request a refund, check the box.

#### CREDITS AND/OR REFUNDS MAY BE CAPTURED AND APPLIED TO OUTSTANDING TAX LIABILITIES.

Part 2: If not applicable to your business, leave blank.

If your business has stopped paying wages, check the box and enter the date you last paid wages in the space provided. Complete this section only if you have no employees and do not expect to have employees in the future. By completing this section, you authorize the closing of your Withholding Tax account.

**Part 3:** An unsigned return is not a valid return! Your return must be signed by a company representative, designated preparer, owner or officer, partner or member. Please include a telephone number should we need to contact you concerning your return.

### **INSTRUCTIONS FOR COMPLETING WV/IT-101V**

Cut coupon along line

Enter TOTAL REMITTANCE in the box

Payment is due the 15th day of the month following the close of the month. Payments received after the 15th of the following month are LATE. Interest and penalty will be assessed. Please see reverse side for payment vouchers

#### Employer's West Virginia Income Tax Withheld WV State Tax Department PO Box 1667 Charleston, WV 25326

PERIOD ENDING	DUE DATE	# OF EMPLOYEES AT END OF PERIOD		PAYMENT VOUCHER
MM DD YYYY	MM DD YYYY		TOTAL REMITTANCE	
EMPLOYER'S IDENTI	FICATION NUMBER,	NAME AND ADDRESS		
2188-4987 H & r block of point pi 1312 Eastern ave Gallipolis oh 45631-173			B 4 2	2 2 0 1 6 0 1 A

WV/IT-101V	Emplo	yer's West Virginia Incomo WV State Tax Departr PO Box 1667 Charleston, WV 2532	nent	
PERIOD ENDING	DUE DATE	# OF EMPLOYEES AT END OF PERIOD	PAYMENT VOUCHER	
	MM DD YYYY		TOTAL REMITTANCE	•
EMPLOYER'S IDENTIFICATION NUMBER, NAME AND ADDRESS 2188-4987 H & R BLOCK OF POINT PLEASANT 1312 EASTERN AVE GALLIPOLIS OH 45631-1731		B 4 2 2 0 1 6 0 1 A		
WV/IT-101V	Emplo	yer's West Virginia Incomo WV State Tax Departr PO Box 1667 Charleston, WV 2532	nent	
PERIOD ENDING	DUE DATE	# OF EMPLOYEES AT END OF PERIOD		PAYMENT VOUCHER
MM DD YYYY	MM DD YYYY		TOTAL	

EMPLOYER'S IDENTIFICATION NUMBER, NAME AND ADDRESS

2188-4987

H & R BLOCK OF POINT PLEASANT 1312 EASTERN AVE GALLIPOLIS OH 45631-1731

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REMITTANCE

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