

Extended Due Date MM DD YYYY Check box ONLY if you are a fiscal year filer Year End MM DD YYYY

SOCIAL SECURITY NUMBER Deceased Prime *SPOUSE'S SOCIAL SECURITY NUMBER Deceased Spouse Date of Death

Last Name Suffix Your First Name MI

Spouse's Last Name - Only if different from Last Name above Suffix Spouse's First Name MI

First Line of Address Second Line of Address

City State Zip Code

Telephone Number:

Amended return Check before 4/15/13 if you wish to stop the original debit (amended return only) Net Operating Loss Filing as a nonresident/part-year resident (See instructions on Page 15) Form WV-8379 filed as an injured spouse

Filing Status (Check One) 1 Single 2 Head of Household 3 Married, Filing Separately *Enter spouse's SS# and name in the boxes above 4 Married, Filing Jointly 5 Widow(er) with dependent child

Exemptions

1 Exemptions claimed on your federal return (see instructions if you marked Filing Status 3) 2 Additional exemption if surviving spouse (see page 19) Enter decedents SSN: Year Spouse Died: 3 Total Exemptions (add lines 1 & 2). Enter here and on line 6 below. If line 3 is zero, enter \$500 on line 6 below.

Table with 10 rows and 2 columns: Description and Amount. Row 1: Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-1. Row 2: Additions to income (line 38 of Schedule M). Row 3: Subtractions from income (line 53 of Schedule M). Row 4: West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3). Row 5: Low-Income Earned Income Exclusion (see worksheet on page 24). Row 6: Total Exemptions as shown above on Exemption Line 3 x \$2,000. Row 7: West Virginia Taxable Income (line 4, minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO. Row 8: Income Tax Due (Check One) Tax Table Rate Schedule Nonresident/Part-year resident calculation schedule. Row 9: Family Tax Credit if applicable (see required schedule on page 44). Row 10: Total Taxes Due (line 8 minus line 9).

TAX DEPT USE ONLY PAYMENT PLAN CORR SCTC NRSR HEPTC



PRIMARY LAST NAME SHOWN ON FORM IT-140

SOCIAL SECURITY NUMBER

Table with 3 columns: Line number, Description, and Amount. Includes lines 10 through 31 for Total Taxes Due, with a total amount due of \$0.00.

Direct Deposit of Refund

CHECKING SAVINGS

ROUTING NUMBER

ACCOUNT NUMBER

Under penalties 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 authorize the State Tax Department to discuss my return with my preparer. YES NO

Your Signature Date Spouse's Signature Date Telephone Number

Signature of preparer other than above Date Address Telephone Number

Preparer's EIN

Preparer: Check here if client is requesting that form NOT be e-filed

MAIL TO: REFUND BALANCE DUE WV State Tax Department WV State Tax Department P.O. Box 1071 P.O. Box 3694 Charleston, WV 25324-1071 Charleston, WV 25336-3694

Payment Options

- Returns filed with a balance of tax due may use any of the following payment options: Check or Money Order, Electronic Funds Transfer, Payment by credit.

