

SOCIAL SECURITY NUMBER XXXXXXXXXX	Deceased <input checked="" type="checkbox"/>	Date of Death: MMDDYYYY	*SPOUSE'S SOCIAL SECURITY NUMBER XXXXXXXXXX	Deceased <input checked="" type="checkbox"/>	Date of Death: MMDDYYYY
LAST NAME XX	SUFFIX XXX	YOUR FIRST NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MI <input checked="" type="checkbox"/>		
SPOUSE'S LAST NAME XX	SUFFIX XXX	SPOUSE'S FIRST NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MI <input checked="" type="checkbox"/>		
FIRST LINE OF ADDRESS XX	SECOND LINE OF ADDRESS XX				
CITY XX	STATE XX	ZIP CODE XXXXX XXXX			
TELEPHONE NUMBER XXX XXX XXXX	EMAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXX	EXTENDED DUE DATE MM/DD/YYYY XX XX XXXX			

Amended return Check before 4/15/20 if you wish to stop the original debit (amended return only) Net Operating Loss Nonresident Special Nonresident/Part-Year Resident Form WV-8379 filed as an injured spouse

(See instructions on Page 17)

FILING STATUS
(Check One)

Single

Head of Household

Married, Filing Joint

Married, Filing Separate
*Enter spouse's SS# and name in the boxes above

Widow(er) with dependent child

Exemptions (If someone can claim you as a dependent, leave box (a) blank.) Enter "1" in boxes a and b if they apply

Yourself (a)	<input checked="" type="checkbox"/>
Spouse (b)	<input checked="" type="checkbox"/>

c. List your dependents. If more than five dependents, continue on Schedule DP on page 36.

First name	Last name	Social Security Number	Date of Birth (MM DD YYYY)
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MMDDYYYY
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MMDDYYYY
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MMDDYYYY
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MMDDYYYY
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MMDDYYYY

d. Additional exemption if surviving spouse (see page 18) Enter total number of dependents (c)

Enter decedents SSN: XXXXXXXXXXXX Year Spouse Died: YYYY (d)

e. Total Exemptions (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below. (e)

1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-1.....	1	XXXXXXXXXXXXXXXXXX	.00
2. Additions to income (line 33 of Schedule M).....	2	XXXXXXXXXXXXXXXXXX	.00
3. Subtractions from income (line 51 of Schedule M).....	3	XXXXXXXXXXXXXXXXXX	.00
4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3).....	4	XXXXXXXXXXXXXXXXXX	.00
5. Low-Income Earned Income Exclusion (see worksheet on page 21).....	5	XXXXXXXXXXXXXXXXXX	.00
6. Total Exemptions as shown above on Exemption Box (e) _____ x \$2,000	6	XXXXXXXXXXXXXXXXXX	.00
7. West Virginia Taxable Income (line 4 minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO	7	XXXXXXXXXXXXXXXXXX	.00
8. Income Tax Due (Check One) <input checked="" type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Rate Schedule <input checked="" type="checkbox"/> Nonresident/Part-year resident calculation schedule	8	XXXXXXXXXXXXXXXXXX	.00

TAX DEPT USE ONLY

PAY PLAN	COR	SCTC	NRSR	HEPTC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MUST INCLUDE WITHHOLDING FORMS WITH THIS RETURN (W-2s, 1099s, Etc.)



4 PRIMARY LAST NAME SHOWN ON FORM IT-140 XXXXXXXXXXXXXXXXXXXX SOCIAL SECURITY NUMBER XXXXXXXXXXXX 8. Total Taxes Due (line 8 from previous page) 8 XXXXXXXXXXXX .00

9 Credits from Tax Credit Recap Schedule (see schedule on page 4) (now includes the Family Tax Credit) 9 XXXXXXXXXXXX .00

10 Line 8 minus 9. If line 9 is greater than line 8, enter 0 10 XXXXXXXXXXXX .00

11 Overpayment previously refunded or credited (amended return only) 11 XXXXXXXXXXXX .00

12 Penalty Due from Form IT-210. [X] CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here..... 12 XXXXXXXXXXXX .00

13 West Virginia Use Tax Due on out-of-state purchases (see Schedule UT on page 7). [X] CHECK IF NO USE TAX DUE..... 13 XXXXXXXXXXXX .00

14 West Virginia Children's Trust Fund to help prevent child abuse and neglect. Enter the amount of your contribution [X]\$5 [X]\$25 [X]\$100 [X]Other \$ 14 XXXXXXXXXXXX .00

15 Add lines 10 through 14.. This is your total amount due..... 15 XXXXXXXXXXXX .00

16 West Virginia Income Tax Withheld (See instructions) [X] Check if withholding from NRSR (Nonresident Sale of Real Estate) 16 XXXXXXXXXXXX .00

17 Estimated Tax Payments and Payments with Schedule 4868 17 XXXXXXXXXXXX .00

18 Non-Family Adoption Tax Credit if applicable (include Schedule WV NFA-1) 18 XXXXXXXXXXXX .00

19 Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-1) 19 XXXXXXXXXXXX .00

20 Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1) 20 XXXXXXXXXXXX .00

21 Amount paid with original return (amended return only) 21 XXXXXXXXXXXX .00

22 Payments and Refundable Credits (add lines 16 through 21) 22 XXXXXXXXXXXX .00

23 Balance Due (line 15 minus line 22). If Line 22 is greater than line 15, complete line 24 PAY THIS AMOUNT 23 XXXXXXXXXXXX .00

24 Line 22 minus line 15. This is your overpayment 24 XXXXXXXXXXXX .00

25 Amount of Overpayment to be credited to your 2020 estimated tax..... 25 XXXXXXXXXXXX .00

26 Refund due you (line 24 minus line 25)..... REFUND 26 XXXXXXXXXXXX .00

Direct Deposit of Refund [X] CHECKING [X] SAVINGS XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX ROUTING NUMBER ACCOUNT NUMBER

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.

I authorize the State Tax Department to discuss my return with my preparer [X] YES [X] 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.

Your Signature Date Spouse's Signature Date Telephone Number

Preparer: Check Here if client is requesting that form NOT be e-filed Preparer's EIN Signature of preparer other than above Date Telephone Number

Preparer's Printed Name Preparer's Firm

MAIL TO: REFUND WV STATE TAX DEPARTMENT P.O. BOX 1071 CHARLESTON, WV 25324-1071 BALANCE DUE WV STATE TAX DEPARTMENT P.O. BOX 3694 CHARLESTON, WV 25336-3694

Payment Options: Returns filed with a balance of tax due may pay through any of the following methods: Check or Money Order - Enclose your check or money order with your return. Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax". Credit Card Payment - May be made by visiting the Treasurer's website at: epay.wvsto.com/tax

