

PTE-100
REV 7/2024

WEST VIRGINIA TAX RETURN

2024

W S CORPORATION & PARTNERSHIP (PASS-THROUGH ENTITY)

TAX PERIOD BEGINNING MM/DD/YYYY		ENDING MM/DD/YYYY		EXTENDED DUE DATE MM/DD/YYYY	
ENTITY NAME				FEIN	
MAILING ADDRESS				<input type="checkbox"/> Yes <input type="checkbox"/> NO HAS THE PARTNERSHIP ELECTED OUT OF THE CENTRALIZED AUDIT REGIME UNDER IRC SECTION §224(b)? IF NO, PROVIDE A DESIGNATION OF THE STATE PARTNERSHIP REPRESENTATIVE (OR THE FEDERAL PARTNERSHIP REPRESENTATIVE)	
CITY		STATE		ZIP	
STATE OF DOMICILE		NAICS		<input type="checkbox"/> CHANGE OF ADDRESS REPRESENTATIVE FIRST NAME LAST NAME	
CONTACT FIRST NAME		CONTACT LAST NAME		REPRESENTATIVE TIN REPRESENTATIVE US PHONE	
CONTACT PHONE		CONTACT EMAIL		REPRESENTATIVE US ADDRESS	

CHECK ALL APPLICABLE BOXES

1) ENTITY TYPE S-CORPORATION (INCLUDE 1120S) PARTNERSHIP (INCLUDE 1065)

2) RETURN TYPE ANNUAL INITIAL FINAL AMENDED AAR 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) ACTIVITY DESCRIPTION: WHOLLY WV ACTIVITY (WV ACTIVITY ONLY) MULTISTATE ACTIVITY

5) REPORTABLE ENTITIES (ALL ENTITIES MUST BE INCLUDED ON SCHEDULE D):

- A. ANY FTE YOU ARE A PARTNER, MEMBER, OR SHAREHOLDER DOING BUSINESS IN WV
- B. ANY ENTITY YOU OWN 80% OF VOTING STOCK
- C. ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK
- D. ANY DISREGARDED ENTITY, INCLUDING QSUBS
- E. ANY CONTROLLED FOREIGN CORPORATION

(A) INCOME (B) WITHHOLDING

6) WV DISTRIBUTIVE INCOME OF RESIDENTS.....	.00	
7) WV DISTRIBUTIVE INCOME OF NONRESIDENTS FILING ON A NONRESIDENT COMPOSITE TAX RETURN AND WITHHOLDING DUE (SCHEDULE SP, COLUMN F).....	.00	.00
8) WV DISTRIBUTIVE INCOME OF NONRESIDENTS SUBJECT TO WV WITHHOLDING THAT ARE NOT FILING A NONRESIDENT COMPOSITE TAX RETURN AND WITHHOLDING DUE (SCHEDULE SP, COLUMN G).....	.00	.00
9) WV DISTRIBUTIVE INCOME OF NONRESIDENTS WHO HAVE ATTESTED ON A NRW-4 THAT THEY WILL FILE AND PAY WV INCOME TAX DIRECTLY OR ARE TAX EXEMPT ENTITIES.....	.00	
10) TOTAL WV INCOME (SUM OF LINE 6 THROUGH 9. MUST MATCH SCHEDULE A, LINE 13).....	.00	
11) TOTAL WV WITHHOLDING DUE (LINE 7 PLUS LINE 8).....		.00



B 5 4 2 0 2 4 0 1 W

NAME		FEIN	
11. Total WV withholding due (from previous page).....		11	.00
12. Prior year carryforward credit.....	12		.00
13. Estimated and extension payments.....	13		.00
14. Total Withholding (see instructions)00
<input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE)	14		.00
15. WV Property Tax Motor Vehicle Credit (MUST Include MV-1 issued by Tax Division)	15		.00
16. WV Property Tax Small Business Credit (MUST Include SB-1)	16		.00
17. Payments and refundable credit (add lines 12 through 16)	17		.00
18. Overpayment previously refunded or credited (amended return only)	18		.00
19. TOTAL PAYMENTS (subtract line 18 from line 17).....	19		.00
20. Tax Due – If line 19 is smaller than line 11, enter amount owed. If line 19 is larger than line 11 skip to Line 23	20		.00
21. Interest for late payment.....	21		.00
22. Additions to tax for late filing and/or late payment.....	22		.00
23. Total Due with this return (add lines 20 through 22)	23		.00
24. Overpayment (Line 19 less line 11).....	24		.00
25. Amount of line 24 to be credited to next year's tax	25		.00
26. Amount to be refunded (line 24 minus line 25).....	26		.00

Direct Deposit of Refund CHECKING SAVINGS

ROUTING NUMBER	ACCOUNT NUMBER
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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 # _____

MAKE CHECKS PAYABLE TO AND MAIL TO: WEST VIRGINIA TAX DIVISION
TAX ACCOUNT ADMINISTRATION
PO BOX 11751
CHARLESTON WV 25339-1751

