## IT-141 MeF Test Scenario 5

## IT-141 **REV 8-17**

## West Virginia Fiduciary Income Tax Return (for resident and non-resident estates and trusts)

Estate or Trust Name	FEIN							
Trustee Executor Name								
First Line of Address	Second Line of Ad	Idroce						
First Line of Address	Second Line of Address							
City State		Zip code						
Filing Period Ended MM DD YYYY Date MM DD YYYY Fiscal Year Filer								
Check if Applicable:	Resident	Non-Resident						
Type of Simple Trust Decedent's Estate Qualified Funeral	Trust $\Box$ C	Complex Trust						
Entity: Bankruptcy Estate Grantor Type Trust Qualified Funeral		·						
Data of	·							
Decedent Date of SSN:								
FINS	al Individual Return Filed							
1. Federal taxable income (enter line 22, Federal Form 1041 or line 12, 1041-QFT)		.00						
West Virginia fiduciary additions (Schedule B, line 6)		.00						
3. West Virginia fiduciary subtractions (Schedule B, line 11)	-	.00.						
West Virginia taxable income (sum of lines 1 and 2 minus line 3)  IF THIS IS A SIMPLE TRUST HAVING NO TAXABLE IN								
		.00						
<ol> <li>West Virginia tax (check one)</li></ol>		.00						
7. Adjusted tax due (line 5 minus line 6)		.00						
Non-resident income subject to tax (total of Schedule A, column F)		.00						
9. West Virginia income tax paid for non-resident beneficiaries (total of Schedule A, Column H)		.00						
10. Combined tax due (sum of lines 7 and 9)	,	.00						
11. West Virginia fiduciary income tax withheld (See Instructions)								
CHECK HERE IF WITHHOLDING IS FROM NRSR (NON RESIDENT SALE OF REAL ES		.00						
12. Estimated payments/payments with extension of time	12	.00						
13. Paid with original return (amended return only)	13	.00						
14. Overpayment previously refunded or credited (amended return only)	14	.00						
15. Total payments (sum of lines 11, 12, and 13 minus line 14)	15	.00						
16. Balance of tax due (line 10 minus line 15)	16	.00						
17. Overpayment (if line 15 is larger than line 10, enter amount)	17	.00						
18. Amount of line 17 to be credited to next year's tax	18	.00						
19. Amount to be refunded (line 17 minus line 18)	19	.00						

IRC § 671-678 Grantor Trust Election



Estate or Trust Name							FEIN				
SCHEDULE A – BENEFICIARY INFORMATION AND NON-RESIDENT TAX PAID FOR WITHHOLDING											
ATTACH ADDITIONAL COPIES OF SCHEDULE AS NEEDED											
NIA.	NAC		NAME AND			ENEF		CTAT		710 0005	
1.	NAME STREET OR OTHER MAILING ADD				DDRESS	S CITY		STATE		ZIP CODE	
2.											
3.											
4.						_					
5.							<u> </u>				
(A)		✓ WE	ST VIRGINIA METHOD	A FILING	(E)  IF NRW-4  PREVIOUSLY  FILED		(F) BENEFICIAR		5)	(H) TAX PAID FOR	
SOCI SECUR	I	(B) RESIDENT	(C) COMPOSITE	(D) NONRES			SHARE OF INCOME		гЕ	BENEFICIARIES WITHHOLDING	
1.								6.5	%		
2.								6.5	%		
3.								6.5	%		
4.								6.5	%		
5.								6.5	%		
6. TOTALS								6.5	%		
SCHEDIII	E B _ WES	T VIDCINIA	A EIDHCIAD	V MODIEICA	TIONS [		COLUMN I			COLUMN II	
SCHEDULE B – WEST VIRGINIA FIDUCIARY MODIFICATIONS ADDITIONS:					ATIONS		TOTAL		AMC	OUNT ALLOCATED	
1. Interest inco	Interest income on state and municipal bonds, other than West Virginia							]			
Lump sum distribution (Federal Form 4972)											
3. Federal exemption (Form 1041, line 20)								If this is			
4. Other addition	4. Other additions – state nature and source							a Simple			
5. Electing sma	5. Electing small business trust additions							Trust having			
	•	hrough 5, col. I	I and enter here a	and on page 1, li	ne 2)			NO Taxable			
SUBTRACTION		-tiifi	Illy avament from a	dada dav				Income,			
	_	•	ally exempt from s				600.00	OMIT Col. II		600.00	
•	•				-		800.00	001.11		000.00	
	ctions – state na				_			-			
			col. II and enter h		<u> </u>			-			
	•	•	e 11)		· ′			-			
Direct	modifications (ii		• • • • • • • • • • • • • • • • • • • •	[					<u> </u>		
Deposit	CHECKIN	NG [	SAVINGS								
of Refund				RACCURACY			JMBER RECT ACCOUNT			NT NUMBER MAY RESULT IN	
<u>PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY</u> . PROVIDING INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.											
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											
Signature of Fiduciary or Officer Representing Fiduciary) (Date)											
Paid	Paid										
Preparer's	(Signature of Preparer) (Date)						9)				



(Telephone Number)

(Address & ZIP Code)

(Firm's Name)