## IT-140

## Personal Income Tax MeF Test Scenario 7

West Virginia Personal Income Tax Return

2017

Extended	Ch	eck hox ONL	Y if you are a	Year End			7	
Due Date MM DE			year filer	roui Liiu	MM	DD		YYYY
	Deceased				IVIIVI	טט		eased
SOCIAL SECURITY NUMBER	Prime		*SPOUSE'S SOCIAL SECURITY NUMBER				Spor	
	Date of Dea	th					Date o	f Death
Last Na	ame	Suffix	Your First Name				MI	
Spouse's Last Name – Only if dif	ferent from Last Name above	Suffix		Spouse	e's First Name			MI
First L	ine of Address			Se	econd Line of	Address		
	City		State	Zip	Code			
elephone Number:					Nonresident/ Par	t-Year		
Amended Check before 4/17 return original debit (ame		Operating	Nonresident Spe	eciai F	Resident		orm WV-8379 njured spouse	filed as an
onginar door (ame	masa rotam smy)		(See Insti	ructions o	n Page 15)		, . _	
Filing Status	Exemptions: (If someone		u as a dependent		Enter "1" in bo		ourself (a)	
(Check One)	box (a) blank	,			and b if they app	oly <b>l</b> s	Spouse (b)	
	c. List your dependents. If more the First name		nts, continue on Sche st name		curity Number	I Date of I	Birth (MM DD '	<b>/</b> YYY)
Single	- Hot Hamo	Lux	St Hamo	Occidi Co.	Juney Humbon	Date of I	Situr (Will Do	
2 Head of Household						1		
3 Married, Filing Joint								
4 Married, Filing Separate								
*Enter spouse's SS# and								
name in the boxes above	d. Additional exemption if surviving spouse (see page 20)  Enter total number of dependents (c)							
Widow(er) with dependent child	Enter decedents SSN: Year Spouse Died:				(d)			
иерениент сппи	e. Total Exemptions (add boxes a, l	b, c, and d). Ente	er here and on line 6 b	elow. If box e	is zero, enter \$50	00 on line 6 b	elow. (e)	
Federal Adjusted Gross Income	or income to claim senior citizen	tax credit from	Schedule SCTC-	1	. 1			.00
2. Additions to income (line 38 of S								.00
•	55 of Schedule M)							.00
	•							.00
West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3)      Low-Income Earned Income Exclusion (see worksheet on page 24)								.00
Total Exemptions as shown above on Exemption Box (e)x \$2,000							.00	
7. West Virginia Taxable Income (line 4, minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO							.00	
8. Income Tax Due (Check One)						- 3 -		
Tax Table Rate Schedule Nonresident/Part-year resident calculation schedule			. 8			.00		
9. Family Tax Credit if applicable (see required schedule on page 46)							.00	
10. Total Taxes Due (line 8 minus line 9)				10			.00	
TAX DEPT USE			est-Earner 、		ver's Lice	nse Nu	ımber: E	E12343
PAYMENT CORR SCTC	NRSR HEPTC							
PLAN								

PRIMARY LAST NAME SHOWN ON FORM IT-140	SOCIAL SECURITY NUMBER		
10. Total Taxes Due (from previous page)		10	.00
11. West Virginia Income Tax Withheld (SEE INSTRUCTIONS) CHECK HERE IF WITHHOLDI.	NG IS FROM NRSR		
(NONRESIDENT SALE OF REAL ESTATE)		11	.00
12. Estimated Tax Payments and Payments with Schedule L		12	.00
13. Senior Citizen Tax Credit for property tax paid from Schedule SCTC-1		13	.00
14. Homestead Excess Property Tax Credit for property tax paid from Schedule HEPTC-1		14	.00
15. Credits from Tax Credit Recap Schedule (see schedule on page 10)		15	.00
16. Amount paid with original return (amended return only)		16	.00
17. Payments and Credits (add lines 11 through 16)		17	.00
18. Overpayment previously refunded or credited (amended return only)		18	.00
19. Total payments and credits (line 17 minus line 18)		19	.00
20. Penalty Due from Form IT-210. CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If	you owe penalty, enter here	20	.00
21. Subtract line 20 from line 19 and enter total, (if line 20 is larger, subtract 19 from 20 add to line 10 and en	ter on line 22)	21	.00
22. Balance of Income Tax Due (line 10 minus line 21). If line 21 is greater than line 10, skip to line 23		22	.00
23. If line 21 is greater than line 10, subtract line 10 from line 21. This is your income tax overpayment		23	.00
24. West Virginia Use Tax Due on out-of-state purchases (see Schedule UT on page 39). If this amount is great to line 25. If this amount is less than line 23, skip to line 26.	. •	24	.00
25. Subtract line 23 from line 24 and add line 22, this is the total <b>balance of tax due</b>	25	.00	
26. Subtract line 24 from line 23, this is your <b>total overpayment</b>		26	.00
27. Amount of overpayment to be credited to your 2018 estimated tax		27	.00
,			
28. West Virginia Children's Trust Fund to help prevent child abuse and neglect.  Enter the amount of your contribution \$5 \$\sum \\$25 \$\sum \\$100 \$\sum \\$0 ther \\$		28	.00
29. Deductions from your overpayment (Add lines 27 and 28)		29	.00
<b>30.</b> Refund due you (subtract line 29 from line 26)		30	.00
	PAY THIS AMOUNT	31	.00
The fold difficult due the state (into 20 plus line 20) FAT THE AMOUNT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31	.00
Direct			
Deposit CHECKING SAVINGS ROUTING NUMBER			CCOUNT NUMBER
PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. PROVI	IDING INCORREC		
RESULT IN A \$15.00 RETURNED PAYN Under penalties of perjury, I declare that I have examined this return, accompanying schedule		and to	the best of my knowledge and
belief, it is true, correct and complete. I authorize the State Tax Department to discuss my r			YES NO
Your Signature Date Spouse's Signature	Date		Telephone Number
Signature of preparer other than above Date Address			Telephone Number
	REFUND	MAIL	TO: BALANCE DUE
Preparer: Check here if wv client is requesting that	/ State Tax Departme	ent	WV State Tax Department
Propagar's EIN form NOT be a filed	P.O. Box 1071 rleston WV 25324-1	071	P.O. Box 3694 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 If you filed a paper return, enclose your check or money order with your return. If you electronically filed, mail your check or money order with the payment voucher IT-140V that is provided to you after the submission of your tax return.
- Electronic Funds Transfer If you electronically filed your return, your tax payment may be automatically deducted from your checking account. You may elect to authorize the withdrawal to occur at the time the return is filed or delay payment any time between filing and due date of April 17, 2018.
- Payment by credit card Payments may be made using your Visa® Card, Discover® Card, American Express® Card or MasterCard®. Visit tax.wv.gov.



55555	a Employee's social security number 400-00-5Ğ€Ğ	OMB No. 154	45-0008					
<b>b</b> Employer identification number (EIN)			Wages, tips, other compensation     Federal income tax withheld					
€F€FGĞHIN			ÏGÍFÈ€€ÁÁÁÁÁÁÁÁÁÁÁÁFI€€ÈÍĞ					
c Employer's name, address, and ZIP code ÕNOPÁØSÁÚÒÓÁÑŠV			<b>3</b> Sc	3 Social security wages 4 Social security tax withh				
F€FÁQÓÓÁUÚÞÓÓÚ			5 Medicare wages and tips 6 Medicare tax withheld					
OÒNÞQÓUÚŠSÁÙÜÁGIĞ€F				saloare wages and tips	• Wedicare tax withheld			
			<b>7</b> So	cial security tips	8 Allocated tips			
d Control number			<b>9</b> Ve	rification code	10 Dependent care benefits			
e Employee's first name and initial Last name Suff.			11 No	Nonqualified plans 12a				
ÞÓÚØÞÓŒÁØSÚÓÞÓUÚËÓNÞSÓÞ					o d			
GGGÁRŠSÓWÁUÚÞÓÓÚ			13 Star	tutory Retirement Third-party playee plan sick pay	12b			
OÒNÞQÓUÚŠSÁÙÜÁGIĞ€G					o d e			
			14 Other 12c					
					d e	Ì		
					12d			
					o d e			
f Employee's address and ZIP code	е							
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incom	ne tax 18 Local wages, tips, etc.		19 Local income tax 20 Localit	y name		
WV G€ËFGĞHIIJÍ	\$ÏGÍFÈ€€	\$HIJĞÈŧ	€€					

Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department

2017

Department of the Treasury-Internal Revenue Service