

TAX PERIOD BEGINNING  
MM/DD/YYYY

ENDING  
MM/DD/YYYY

EXTENDED  
DUE DATE  
MM/DD/YYYY

CORPORATION NAME

FEIN

MAILING ADDRESS

WV CORPORATION INCOME TAX ACCOUNT NUMBER

CITY

STATE

ZIP

CHANGE OF ADDRESS

STATE OF DOMICILE

NAICS

CONTACT NAME

CONTACT PHONE

**CHECK ALL APPLICABLE BOXES**

1) ENTITY  
TYPE

CORPORATION

NONPROFIT

2) RETURN TYPE

ANNUAL

INITIAL

FINAL

AMENDED

RAR

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) FILING METHOD

SEPARATE ENTITY

CHECK HERE IF SEPARATE BUT PART OF FEDERAL CONSOLIDATED. ENTER FEIN: \_\_\_\_\_

COMBINED  
(UB-CR)

SEPARATE COMBINED

GROUP COMBINED SURETY FEIN:

WORLDWIDE ELECTION \_\_\_\_\_

5) IF SEPARATE, INDICATE ACTIVITY

WHOLLY WV ACTIVITY (SCHEDULE 1)

MULTISTATE ACTIVITY (SCHEDULE 2)

6) REPORTABLE ENTITIES (SCHEDULE C):

ANY PTE YOU ARE A PARTNER, MEMBER, OR SHAREHOLDER DOING BUSINESS IN WV

ANY ENTITY YOU OWN 80% OF VOTING STOCK

ANY DISREGARDED ENTITY

ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK

ANY CONTROLLED FOREIGN CORPORATION

7) CURRENTLY UNDER AUDIT BY THE IRS?  NO  YES

YEARS UNDER AUDIT:

8) TYPE OF FEDERAL RETURN INCLUDED WITH THIS RETURN

1120

PROFORMA 1120

990

990T



NAME

FEIN

|   |    |  |     |
|---|----|--|-----|
| 9. Adjusted Corporate Net Income Tax from Schedule 1, Schedule 2, or UB-CR.....                   | 9  |  | .00 |
| 10. Prior year carryforward credit.....   | 10 |  | .00 |
| 11. Estimated and extension payments.....   | 11 |  | .00 |
| 12. Withholding must match the withholding statements unless withholding is from NRSR.....        | 12 |  | .00 |
| <input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE) |    |  |     |
| 13. Payments (add lines 10 through 12; must match total on schedule C).....                       | 13 |  | .00 |
| 14. Overpayment previously refunded or credited (amended return only).....                        | 14 |  | .00 |
| 15. TOTAL PAYMENTS (subtract line 14 from line 13).....   | 15 |  | .00 |
| 16. If line 15 is larger than line 9 enter <b>overpayment</b> .....                               | 16 |  | .00 |
| 17. Amount of line 16 to be <b>credited</b> to next year's tax.....                               | 17 |  | .00 |
| 18. Amount of line 16 to be <b>refunded</b> (subtract line 17 from line 16).....                  | 18 |  | .00 |
| 19. If line 15 is <b>smaller</b> than line 9, enter <b>tax due</b> here.....                      | 19 |  | .00 |
| 20. Interest for late payment (see instructions).....   | 20 |  | .00 |
| 21. Additions to tax for late filing and/or late payment (see instructions).....                  | 21 |  | .00 |
| 22. Penalty for underpayment of estimated tax (line 6, Form CNF-120U; attach schedule).....       | 22 |  | .00 |
| 23. <b>TOTAL DUE</b> with this return (add lines 19 through 22).....                              | 23 |  | .00 |

Direct Deposit of Refund  CHECKING  SAVINGS

ROUTING NUMBER

ACCOUNT NUMBER

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 Title Date Email Business Telephone Number

Signature of paid preparer Printed Name Firm's name and address Date Email Preparer's Telephone Number

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT TAX ACCOUNT ADMINISTRATION DIVISION PO BOX 1202 CHARLESTON WV 25324-1202

