SCHEDULE A – BENEFICIARY INFORMATION AND NON-RESIDENT TAX PAID FOR WITHHOLDING ATTACH ADDITIONAL COPIES OF SCHEDULE AS NEEDED

			N/	ME AND AD	DRESS O	F EACH BEN	FFICIARY				
	NAME			OR OTHER MA			CITY		STATE	ZIP CODE	
1.											
2.											
3.											
4.											
5.											
	(A)					(E)	(F)		(G)	(H)	
SC	CIAL SE	CURITY#		VIRGINIA FILING MI		IF NRW-4	BENEFICIARY OF WV INC		RATE	TAX PAID FOR BENEFICIARIES	
1			(B) RESIDENT	(C) COMPOSITE	(D) NONRES	PREVIOUSLY FILED)		C F0/	WITHHOLDING	
1.									6.5%		
2.									6.5%		
3.									6.5%		
4.									6.5%		
5.									6.5%		
6.	TOTALS								6.5%		
		- WEST VIR	GINIA FIDUCIA	ARY MODIFICA	TIONS		COLUMN I			COLUMN II	
ADE	DITIONS:						TOTAL		A	MOUNT ALLOCATED	
1.	Interest inco	me on state an	d municipal bond	s, other than West	: Virginia						
2.	Lump sum d	listribution (Fed	leral Form 4972).					If this			
3.	Federal eye	motion (Form 1	041 line 20)					Simple	e Trust		
0.	T COCIOI CAC	inpuon (i oim i	0+1, IIIIG 20)					havin Taxa	able		
4.	Other addition	ons – state nati	ure and source					OMIT			
5.	Electing sma	all business tru	st additions								
6.	Total additio	ne (add lings 1	through 5 col II	and enter here and	d on page 1 line	2)					
	BTRACTIO		tillough 5, coi. ii	and enter nere and	u on page 1, iiii	5 2)					
7.	Interest inco	me on US obli	gations specifical	y exempt from sta	te tax						
8.										600.00	
9.	Other subtra	Other subtractions – state nature and source									
10		-II b	-1								
10.	Electing sma	ali business tru	sts subtractions								
11.	Total subtrac	ctions (add line	s 7 through 10, co	ol. II and enter here	e and on page 1	line 3)					
		(3, 13, 13,			,					
12.	Net fiduciary	/ modifications	(line 6 minus line	11)							
)ire	ct										
	osit										
f R	efund	LCHECK	ING	SAVINGS		ROUTING	NUMBER		ACCOLL	NT NUMBER	
	PLEASE REV	IEW YOUR ACC	OUNT INFORMATION	ON FOR ACCURACY	. INCORRECT AC		ON MAY RESULT IN A	\$15.00 RE			
I aut			discuss my return wi								
						ements, and to the bes	of my knowledge and	belief, it is	true, correct ar	nd complete.	
Sigi	nature of Fid	uciary or Offic	er Representing	Fiduciary)		(Date)	(Email)				
D-	vid III										
Paid Preparer's		(Signature o	f Preparer)						(Dat	e)	
	se Only										
	,	(Preparer's	FIN)		(Printed Nar	ne)			(Telephor	ne Number)	
+		I (i repaiei 5	_ 11 N J		(i iiiteu ival	110/			TOGPHOL	io (4diliber)	

