**IT-141** REV 8-18

# Fiduciary Test #1 West Virginia Fiduciary Income Tax Return (for resident and non-resident estates and trusts) 2018

Estate or Trust Name	Tanner Coleman	FEIN	50-0123456					
Trustee Executor Name								
FIRST LINE OF ADDRESS	987 State Street							
CITY	Charleston	ZIP CODE	25301 -					
FILING PERIOD ENDED MM/DD/YYYY	02 01 2018 EXTENDED DUE DATE MM//DD/YYYY	FISCAL CHEC YEAR APPLICAL		Amended	nended CHECK Resident Non-Resident			
TYPE OF ENTITY:	Simple Trust  Decedent's Estate  Qualified Fune  Bankruptcy Estate  Grantor Type Trust  Qualified Fune		IRC § 671-678 Grantor Trust Election					
DECEDENT INFO:	Date of Death: MM/DD/YYYY		Final Individual Return Filed for Decendent					
Federal taxat	Federal taxable income (enter line 22, Federal Form 1041 or line 12, 1041-QFT)							
West Virginia								
<ol><li>West Virginia</li></ol>	fiduciary subtractions (Schedule B, line 11)			3	600	.00		
West Virginia	4	23153	.00					
	IF THIS IS A SIMPLE TRUST HAVING	NO TAXABLE INCC	DME, OMIT	LINES 5-7				
5. West Virginia	tax (check one) 🗸 Rate Schedule 🗌 Schedule N	R		5	826	.00		
6. Credits from	6		.00					
7. Adjusted tax	7	826	.00					
8. Non-resident	8		.00					
9. West Virginia	9		.00					
10. Combined tax	10	826	.00					
11. West Virginia	11	2000	.00					
12. Estimated pa			.00					
13. Paid with orig	13		.00					
14. Overpayment	14		.00					
15. Total paymen	ts (sum of lines 11, 12, and 13 minus line 14)			15	2000	.00		
16. Balance of ta	x due (line 10 minus line 15)			16		.00		
17. Overpayment	(if line 15 is larger than line 10, enter amount)			17	1174	.00		
18. Amount of line	e 17 to be credited to next year's tax			18		.00		
	19. Amount to	be refunded (line 17	minus line	18) 19	1174	.00		

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#### Fiduciary Test #1

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

			N	AME AND A	ADDRESS (	OF EACH	BENEI	FICIARY				
NAME			STREET OR OTHER MAILING ADDRESS				CITY	STATE			ZIP CODE	
1.												
2.												
3.												
4.												
5.												
SC	(A) OCIAL SEC	CURITY#	√ WES  (B) RESIDENT	ST VIRGINIA FILING	METHOD (D) NONRES	(E)  ✓ IF N PREVIOUSL	IRW-4	(F) BENEFICIARY SHA OF WV INCOMI	ARE RA	G) TE	BEN	(H) ( PAID FOR EFICIARIES HHOLDING
1.					,	FILLVIOUSE	TTILLD		6.5	5%	VVII	IIIOLDING
2.									6.5			
3.									6.5			
4.									6.5			
5.									6.5			
	TOTALS								6.5			
		WEST VID	CINIA FIDUC	IARY MODIFIC	ATIONS			COLUMN I	0.0	70	COL	.UMN II
	DITIONS:			nds, other than W				TOTAL	<b>→</b>	AM		ALLOCATED
2.	Lump sum di	stribution (Fed	deral Form 4972	)					If this is a			
3.	Federal exemption (Form 1041, line 20)								Simple Trus having NO Taxable	t		
4.	Other additio	other additions – state nature and source						213.00 Income, OMIT Col. II				213.00
5.	Electing sma	ll business tru	st additions									
6.	Total addition	ns (add lines 1	through 5, col.	II and enter here	and on page 1, I	ine 2)		213.00				213.00
<b>SU</b> 7.	BTRACTION Interest incor	<b>NS:</b> me on US obli	gations specifications	ally exempt from s	state tax							
8.	•						600.00			600.00		
9.	Other subtract	ctions – state	nature and sour	ce								
10.	Electing sma	ll business tru	sts subtractions									
11.	Total subtract	Total subtractions (add lines 7 through 10, col. II and enter here and on page 1, line 3)						600.00				600.00
12.	Net fiduciary	modifications	(line 6 minus lir	ie 11)				-387.00				-387.00
Direct Deposit		V Check	CHECKING SAVINGS			0519003	66		2323516			
t R	efund	IL CITEOR	10	- OAVINGS		ROU	TING NU	JMBER	A	CCOUN	IT NU	JMBER
	horize the State T	ax Department to	discuss my return	with my preparer	YES NO			MAY RESULT IN A \$1				
Sigr	nature of Fidu	iciary or Offic	er Representir	ng Fiduciary)		(Da	te)	(Email)				
Pa	id											
Pr	eparer's se Only	(Signature o	of Preparer)							(Date	:)	



(Telephone Number)

(Printed Name)

(Preparer's EIN)

#### Fiduciary Test #1

NRW-2

FROM SP

## Statement of West Virginia Income Tax Withheld for Nonresident Individual or Organization

2018

				Read Inst	ructions					
ORGANIZATION NAME AND MAILING ADDRESS				NONRESIDENT'S NAME AND MAILING ADDRESS						
Name (please type or print)				Name (please type or print)						
Fiduciary Organization				Tanner Coleman						
Street or Post Office Box				Street or Post Office Box						
123 Main Street					987 State Street					
City		State	Zip		City	State	Zip	0		
Charlesto	WV	25	301	Charle	WV	2	25301			
West Virginia Ident	Federal	Identifi	entification Number Social Security Number West Virginia Identificat				a Identification Number			
Check one:			1. Income subject to withholding for nonresident as reported on organization's S Corporation, Partnership or Fiduciary Return  \$ 20000					00.00		
✓ Trust	Estate	2. Ame	ount of e instru	West Virginia incol actions)	ne tax withheld	\$	\$ 2000.00			
				Taxable Year of	Organization					
Beginning	01	01		2018	Ending	12	31		2018	
	ММ	DD		YYYY		MM	DD		YYYY	

TO BE FILED IN THE ABSENCE OF FORM WV/NRW-4, WEST VIRGINIA NONRESIDENT INCOME TAX AGREEMENT

