

IT-140

REV 8-18 B

West Virginia Personal Income Tax Return

2018

SOCIAL SECURITY NUMBER	Deceased <input type="checkbox"/> Date of Death:	*SPOUSE'S SOCIAL SECURITY NUMBER	Deceased <input type="checkbox"/> Date of Death:
LAST NAME		SUFFIX	YOUR FIRST NAME
SPOUSE'S LAST NAME		SUFFIX	SPOUSE'S FIRST NAME
FIRST LINE OF ADDRESS		STATE	ZIP CODE
CITY			
TELEPHONE NUMBER	EMAIL	EXTENDED DUE DATE MM/DD/YYYY	

Amended return
 Check before 4/15/19 if you wish to stop the original debit (amended return only)
 Net Operating Loss
 Nonresident Special
 Nonresident/Part-Year Resident
 Form WV-8379 filed as an injured spouse

(See instructions on Page 15)

FILING STATUS
(Check One)

1 Single

2 Head of Household

3 Married, Filing Joint

4 Married, Filing Separate
*Enter spouse's SS# and name in the boxes above

5 Widow(er) with dependent child

Exemptions (If someone can claim you as a dependent, leave box (a) blank.) Enter "1" in boxes a and b if they apply

Yourself (a) <input type="checkbox"/> Spouse (b) <input type="checkbox"/>
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c. List your dependents. If more than five dependents, continue on Schedule DP on page 38.

First name	Last name	Social Security Number	Date of Birth (MM DD YYYY)

d. Additional exemption if surviving spouse (see page 17) Enter total number of dependents (c)

Enter decedents SSN: _____ Year Spouse Died: _____ (d)

e. Total Exemptions (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below. (e)

1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-1.....	1	.00
2. Additions to income (line 33 of Schedule M).....	2	.00
3. Subtractions from income (line 50 of Schedule M).....	3	.00
4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3).....	4	.00
5. Low-Income Earned Income Exclusion (see worksheet on page 23).....	5	.00
6. Total Exemptions as shown above on Exemption Box (e) _____ x \$2,000	6	.00
7. West Virginia Taxable Income (line 4, minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO	7	.00
8. Income Tax Due (Check One)	8	.00

Tax Table
 Rate Schedule
 Nonresident/Part-year resident calculation schedule.....

TAX DEPT USE ONLY

PAYMENT PLAN
 CORR
 SCTC
 NRSR
 HEPTC



4	PRIMARY LAST NAME SHOWN ON FORM IT-140	SOCIAL SECURITY NUMBER	8.Total Taxes Due (line 8 from previous page)	8	.00
5					
6	9. West Virginia Income Tax Withheld (SEE INSTRUCTIONS) <input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE).....			9	.00
7					
8	10. Estimated Tax Payments and Payments with Schedule L			10	.00
9					
10	11. Family Tax Credit if applicable (see required schedule on page 38).....			11	.00
11					
12	12. Senior Citizen Tax Credit for property tax paid from Schedule SCTC-1.....			12	.00
13					
14	13. Homestead Excess Property Tax Credit for property tax paid from Schedule HEPTC-1.....			13	.00
15					
16	14. Credits from Tax Credit Recap Schedule (see schedule on page 6)			14	.00
17					
18	15. Amount paid with original return (amended return only)			15	.00
19					
20	16. Payments and Credits (add lines 9 through 15)			16	.00
21					
22	17. Overpayment previously refunded or credited (amended return only)			17	.00
23					
24	18. Total payments and credits (line 16 minus line 17).....			18	.00
25					
26	19. Penalty Due from Form IT-210. <input type="checkbox"/> CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here.....			19	.00
27					
28	20. West Virginia Use Tax Due on out-of-state purchases (see Schedule UT on page 9). <input type="checkbox"/> CHECK IF NO USE TAX DUE.....			20	.00
29					
30	21. West Virginia Children's Trust Fund to help prevent child abuse and neglect. Enter the amount of your contribution <input type="checkbox"/> \$5 <input type="checkbox"/> \$25 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$			21	.00
31					
32	22. Add line 8 to the total of lines 19, 20, and 21. This is your total amount due.....			22	.00
33					
34	23. Balance Due (line 22 minus line 18). If Line 18 is greater than line 22, go to line 24 PAY THIS AMOUNT			23	.00
35					
36	24. If line 18 is greater than line 22, subtract line 22 from line 18. This is your total overpayment			24	.00
37					
38	25. Amount of overpayment to be credited to your 2019 estimated tax.....			25	.00
39					
40	26. Refund due you (line 24 minus line 25)..... REFUND			26	.00
41					

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.

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.

Your Signature	Date	Spouse's Signature	Date	Telephone Number
<input type="checkbox"/> Preparer: Check Here if client is requesting that form NOT be e-filed	Preparer's EIN	Signature of preparer other than above	Printed Name	Date Telephone Number

MAIL TO:	REFUND	BALANCE DUE
	WV State Tax Department P.O. Box 1071 Charleston, WV 25324-1071	WV State Tax Department P.O. Box 3694 Charleston, WV 25336-3694

Payment Options: Returns filed with a balance of tax due may pay through any of the following methods:

- Check or Money Order - Enclose your check or money order with your return.
- Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax".
- Credit Card Payment - May be made by visiting the Treasurer's website at: epay.wvsto.com/tax

