

SOCIAL SECURITY NUMBER	400-00-5107	Deceased <input type="checkbox"/>	Date of Death:	*SPOUSE'S SOCIAL SECURITY NUMBER	400-00-5307	Deceased <input type="checkbox"/>	Date of Death:
LAST NAME	Investor	SUFFIX		YOUR FIRST NAME	Rental	MI	
SPOUSE'S LAST NAME	Gambler	SUFFIX		SPOUSE'S FIRST NAME	Lucky	MI	
FIRST LINE OF ADDRESS	511 Carol Blvd		SECOND LINE OF ADDRESS				
CITY	Richmond	STATE	VA	ZIP CODE	23218		
TELEPHONE NUMBER	758-409-1111	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) **1** Spouse (b) **1**

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) **2**

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) <input type="checkbox"/> Tax Table <input type="checkbox"/> Rate Schedule <input checked="" type="checkbox"/> Nonresident/Part-year resident calculation schedule.....	8	.00

TAX DEPT USE ONLY

PAYMENT PLAN	CORR	SCTC	NRSR	HEPTC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rental Investor DLN# E4658790



Personal Income Tax Test #2

PRIMARY LAST NAME SHOWN ON FORM IT-140 Investor	SOCIAL SECURITY NUMBER 400-00-5107	8. Total Taxes Due (line 8 from previous page)	8		.00
9. West Virginia Income Tax Withheld (SEE INSTRUCTIONS) <input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE).....			9	1802	.00
10. Estimated Tax Payments and Payments with Schedule L			10		.00
11. Family Tax Credit if applicable (see required schedule on page 38).....			11		.00
12. Senior Citizen Tax Credit for property tax paid from Schedule SCTC-1.....			12		.00
13. Homestead Excess Property Tax Credit for property tax paid from Schedule HEPTC-1.....			13		.00
14. Credits from Tax Credit Recap Schedule (see schedule on page 6)			14		.00
15. Amount paid with original return (amended return only)			15		.00
16. Payments and Credits (add lines 9 through 15)			16	1802	.00
17. Overpayment previously refunded or credited (amended return only)			17		.00
18. Total payments and credits (line 16 minus line 17).....			18	1802	.00
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
20. West Virginia Use Tax Due on out-of-state purchases (see Schedule UT on page 9). <input checked="" type="checkbox"/> CHECK IF NO USE TAX DUE.....			20		.00
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
22. Add line 8 to the total of lines 19, 20, and 21. This is your total amount due.....			22		.00
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
24. If line 18 is greater than line 22, subtract line 22 from line 18. This is your total overpayment			24	1802	.00
25. Amount of overpayment to be credited to your 2019 estimated tax.....			25		.00
26. Refund due you (line 24 minus line 25)..... REFUND			26	1802	.00

Direct Deposit of Refund

CHECKING SAVINGS

123456789

ROUTING NUMBER

987654321

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 _____

Preparer: Check Here if client is requesting that form NOT be e-filed

8547132

Preparer's EIN

Signature of preparer other than above

Printed Name

Date

781-888-9999

Telephone Number

MAIL TO:

REFUND
WV State Tax Department
P.O. Box 1071
Charleston, WV 25324-1071

BALANCE DUE
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



P 4 0 2 0 1 8 0 2 W

Personal Income Tax Test #2

SCHEDULE
A
(FORM IT-140) W

Nonresidents/Part-Year Residents
Schedule of Income

2018

SCHEDULE A (CONTINUED)

PART I: NONRESIDENT/PART-YEAR RESIDENT TAX CALCULATION

1. Tentative Tax (apply the appropriate tax rate schedule on page 36 to the amount shown on line 7, Form IT-140).....	1		.00
2. West Virginia Income (line 26, Schedule A).....	2		.00
3. Federal Adjusted Gross Income (line 1, Form IT-140).....	3		.00
4. Tax (divide line 2 by line 3, round to 4 decimal places and multiply the result by line 1). Enter here and on line 8, Form IT-140. <i>If you are claiming a federal net operating loss carryback, you must continue to Part II.</i>	4		.00

PART II: NONRESIDENT/PART-YEAR RESIDENT TAX CALCULATION FOR NET OPERATING LOSS CARRYBACK

5. Subtract line 2 Part I from your original Federal Adjusted Gross Income (line 1, Form IT-140).....	5		.00
6. Income Percentage (Divide line 5 by line 3 Part I and round the result to six decimal places) Note: Decimal cannot exceed 1.000000.	6	.	
7. Multiply line 1 Part I by line 6.....	7		.00
8. Subtract line 7 from line 1 Part I.....	8		.00
9. West Virginia Tax (Enter the smaller of line 4 Part I or line 8 Part II here and on line 8, Form IT-140).....	9		.00

PART III: SPECIAL NONRESIDENT INCOME FOR RESIDENTS OF RECIPROCAL STATES

ELIGIBILITY: Complete this section **ONLY** if you were a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia **AND:**

- West Virginia source income was from wages and salaries.
- West Virginia income tax was withheld from such wages and salaries by your employer(s).

If you were a domiciliary resident of Pennsylvania or Virginia and spent more than 183 days in West Virginia, you are also considered a resident of West Virginia and must file Form IT-140 as a resident of West Virginia.

NOTE: If you were a resident of any state other than Kentucky, Ohio, Maryland, Pennsylvania, or Virginia, you are ineligible to complete Part III. You must check the box Filing as Nonresident or Filing as a Part-Year Resident and Complete Schedule A and Part I to report any income from West Virginia sources.

I declare that I was not a resident of West Virginia at any time during 2018, I was a resident of the state shown, my only income from sources within West Virginia was from wages and salaries, and such wages and salaries were subject to income taxation by my state of residence.

YOUR STATE OF RESIDENCE (Check one):

- | | | |
|--|---|---|
| 1. <input type="checkbox"/> Commonwealth of Kentucky | 4. <input type="checkbox"/> Commonwealth of Pennsylvania | Number of days spent in West Virginia _____ |
| 2. <input type="checkbox"/> State of Maryland | 5. <input checked="" type="checkbox"/> Commonwealth of Virginia | Number of days spent in West Virginia <u>20</u> |
| 3. <input type="checkbox"/> State of Ohio | | |

	(A) Primary Taxpayer's Social Security Number	(B) Spouse's Social Security Number
	400-00-5107	400-00-5307
10. Enter your total West Virginia Income from wages and salaries in the appropriate column	10 41049 .00	2028 .00
11. Enter total amount of West Virginia Income Tax withheld from your wages and salaries paid by your employer in 2018.....	11 1649 .00	156 .00
12. Line 11, column A plus line 11, column B. Report this amount on line 9 of Form IT-140.....	12	1802 .00



Personal Income Tax Test #2

		a Employee's social security number 400-00-5107		OMB No. 1545-0008		
b Employer identification number (EIN) 33-0000003			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code BRAKE SUPPLY COMPANY 5501 FOUNDATION BLVD EVANSVILLE IN 47725			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9 Verification code		10 Dependent care benefits	
e Employee's first name and initial RENTAL INVESTOR		Last name 	Suff. 	11 Nonqualified plans		
224 S COLLEGE AVE BLUEFIELD VA 24605		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a		
				12b		
				12c		
f Employee's address and ZIP code		14 Other		12d		
15 State WV	Employer's state ID number 33-0000003	16 State wages, tips, etc. \$41,049	17 State income tax \$1,646	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2018

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

Personal Income Tax Test #2

		a Employee's social security number 400-00-5107		OMB No. 1545-0008		
b Employer identification number (EIN) 33-0000003		1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code MERCER COUNTY SCHOOLS 504 DON MORGAN DRIVE PRINCETON WV 24740		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
		7 Social security tips		8 Allocated tips		
d Control number		9 Verification code		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. LUCKY GAMBLER 224 S COLLEGE AVE BLUEFIELD VA 24605		11 Nonqualified plans		12a		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State WV	Employer's state ID number 33-0000003	16 State wages, tips, etc. \$2,028	17 State income tax \$156	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2018

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return