

STATE OF WEST VIRGINIA
State Tax Department, Tax Account Administration Division
P.O. Box 3943
Charleston, WV 25339-3943



 Name

 Address

 City State Zip

WV/IT-101A

WEST VIRGINIA EMPLOYER'S ANNUAL RETURN OF INCOME TAX WITHHELD

Account #:	Tax Year Ending:	Due Date:	Amended <input type="checkbox"/>
Part 1: Complete Lines 1-6			
1. Number of employees who received wages, tips and other compensation for the tax year (Include withholding tax statements, W-2s/1099)			
2. Wages, tips and other compensation for the tax year			.
3. Total WV income tax withheld from wages, tips and other compensation for the tax year			.
4. Total payments for the tax year			.
5. Balance due (If line 3 is greater than line 4, write difference here)			.
6. Overpayment (If line 4 is greater than line 3, write difference here)			.
Refund <input type="checkbox"/>			
Part 2: Tell us about your business. If not applicable to your business, leave blank.			
<input type="checkbox"/> If your business has stopped paying wages check here and enter the final date you paid wages		MM	DD
		YYY	
Part 3: Sign your return.			
Under penalty of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true and complete.			
(Signature of taxpayer)	(Name of taxpayer - type or print)	(Title)	(Date)
(Person to contact concerning this return)	(Telephone number)	(E-mail address)	
(Signature of preparer other than taxpayer)	(Address)	(Date)	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P.O. Box 1667, Charleston, WV 25326-1667
 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>



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