

Period Beginning: _____ MM/DD/YYYY
Period Ending: _____ MM/DD/YYYY

Amended Return

Name of S Corporation, partnership, estate, or trust
Mailing Address
City State ZIP Code
FEIN
Extended Due Date (MM/DD/YYYY)
Telephone Number

A processing fee of
\$50.00
must be submitted
with this return

Entity Type S Corp Partnership Estate or Trust

- 1. **West Virginia Source Income** as reported on S corporation, partnership, estate or trust return for shareholder/partners who elect to be a member of the Nonresident Composite Group
- 2. **Tax Rate**
- 3. Total nonresident withholding tax due (line 1 multiplied by line 2)
- 4. **West Virginia Income Tax Withholding Paid by Pass-Through Entity**, estate or trust must equal line 3. The entity to which the Nonresident Composite relates is responsible for collection and remittance of all income tax due (§11-21-51a(b))
- 5. Withholding tax due with original return (for amended returns only)
- 6. Amount withheld with the original return (for amended returns only)
- 7. Composite return processing fee due. The composite processing fee is required by WV Tax Code (§11-21-51a) and must be submitted with your return. The \$50 processing fee is the only money to be submitted with the IT-140NRC

1.		.00
2.		0.065
3.		.00
4.		.00
5.		.00
6.		.00
7.		50.00

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE. PLEASE SEE PAGE 3 OF INSTRUCTIONS FOR PAYMENT OPTIONS.

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.

Signature of Officer/Partner or Member _____ Print name of Officer/Partner or Member _____ Date _____

Title _____ Email _____ Business Telephone # _____

Signature of paid preparer _____ Print name of Preparer _____ Date _____

Firm's name and address _____ Preparer's Email _____ Preparer's Telephone # _____

PREPARER'S EIN

Mail to:
WV State Tax Department
P.O. Box 3694
Charleston, WV 25336-3694



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