

Estate or Trust Name	FEIN			
Trustee Executor Name				
FIRST LINE OF ADDRESS	SECOND LINE OF ADDRESS			
CITY	STATE ZIP CODE			
FILING PERIOD ENDED MM/DD/YYYY	EXTENDED DUE DATE MM/DD/YYYY	FISCAL YEAR FILER	CHECK IF APPLICABLE: <input type="checkbox"/> Final <input type="checkbox"/> Amended	CHECK ONE: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
TYPE OF ENTITY	<input type="checkbox"/> Simple Trust <input type="checkbox"/> Decedent's Estate <input type="checkbox"/> Qualified Funeral Trust <input type="checkbox"/> Complex Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Type Trust <input type="checkbox"/> Qualified Funeral Trust Composite			<input type="checkbox"/> IRC § 671-678 Grantor Trust Election
DECEDENT INFO	Date of Death MM/DD/YYYY	SSN	<input type="checkbox"/> Final Individual Return Filed for Decedent	

1. Federal taxable income (enter line 23, Federal Form 1041 or line 11, 1041-QFT)	1		.00
2. West Virginia fiduciary additions (Schedule B, line 6)	2		.00
3. West Virginia fiduciary subtractions (Schedule B, line 11)	3		.00
4. West Virginia taxable income (sum of lines 1 and 2 minus line 3)	4		.00

IF THIS IS A SIMPLE TRUST HAVING NO TAXABLE INCOME, OMIT LINES 5-7

5. West Virginia tax (check one) <input type="checkbox"/> Rate Schedule <input type="checkbox"/> Schedule NR	5		.00
6. Credits from Tax Credit Recap Schedule (see schedule page 6)	6		.00
7. Adjusted tax due (line 5 minus line 6)	7		.00
8. Non-resident income subject to tax (total of income for Beneficiaries, column F)	8		.00
9. West Virginia income tax paid for non-resident beneficiaries (total of Withholding for Beneficiaries, Column H)	9		.00
10. Combined tax due (sum of lines 7 and 9)	10		.00
11. West Virginia fiduciary income tax withheld (See Instructions) <input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NON RESIDENT SALE OF REAL ESTATE)	11		.00
12. Estimated payments/payments with extension of time	12		.00
13. Paid with original return (amended return only)	13		.00
14. Overpayment previously refunded or credited (amended return only)	14		.00
15. Total payments (sum of lines 11, 12, and 13 minus line 14)	15		.00
16. Balance of tax due (line 10 minus line 15)	16		.00
17. Overpayment (if line 15 is larger than line 10, enter amount)	17		.00
18. Amount of line 17 to be credited to next year's tax	18		.00
19. Amount to be refunded (line 17 minus line 18)	19		.00



WITHHOLDING FOR BENEFICIARIES AND
NON-RESIDENT TAX PAID FOR WITHHOLDING

2021

ATTACH ADDITIONAL COPIES OF WITHHOLDING FOR BENEFICIARIES AS NEEDED

NAME AND ADDRESS OF EACH BENEFICIARY							
NAME		STREET OR MAILING ADDRESS			CITY	STATE	ZIP CODE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
(A) SOCIAL SECURITY #	✓ WEST VIRGINIA FILING METHOD			(E) ✓ IF NRW-4 PREVIOUSLY FILED	(F) BENEFICIARY SHARE OF WV INCOME	(G) RATE	(H) TAX PAID FOR BENEFICIARIES WITHHOLDING
	(B) RESIDENT	(C) COMPOSITE	(D) NONRES				
1						6.5%	
2						6.5%	
3						6.5%	
4						6.5%	
5						6.5%	
6						6.5%	
7						6.5%	
8						6.5%	
9						6.5%	
10						6.5%	
TOTALS						6.5%	



