IT-141 REV 9-21

WEST VIRGINIA FIDUCIARY INCOME TAX RETURN (for resident and non-resident estates and trusts)

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 EXTENDED THE STATE OF THE S	ended CHECK Resident Non-Resident		
TYPE OF ENTITY		IRC § 671-678 Grantor Trust Election		
DECEDENT INFO	Date of Death	Final Individual Return Filed for Decedent		
Federal taxa	le 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 5-7		
5. West Virginia	tax (check one) Rate Schedule Schedule NR	5 .00		
6. Credits from	6 .00			
7. Adjusted tax	7 .00			
8. Non-resident	Non-resident income subject to tax (total of income for Beneficiaries, column F)			
9. West Virginia	9. West Virginia income tax paid for non-resident beneficiaries (total of Withholding for Beneficiaries, Column H)			
10. Combined ta	due (sum of lines 7 and 9)	10 .00		
	fiduciary income tax withheld (See Instructions) IF WITHHOLDING IS FROM NRSR (NON RESIDENT SALE OF REAL ESTATE)	11 .00		
12. Estimated pa	ments/payments with extension of time	12 .00		
13. Paid with orig	nal return (amended return only)	13 .00		
14. Overpaymen	previously refunded or credited (amended return only)	14 .00		
15. Total paymer	15 .00			
16. Balance of ta	16 .00			
17. Overpaymen	17 .00			
18. Amount of lin	17 to be credited to next year's tax	18 .00		
	19. Amount to be refunded (line 17 minus line 18)	19 .00		

Schedule SB Form IT-141

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								
NAM						CITY	STATE	ZIP CODE
CIAL SECURITY #					(E) ✓ IF NRW-4 PREVIOUSLY	(F) BENEFICIARY SHARE OF WV INCOME	(G) RATE	(H) TAX PAID FOR BENEFICIARIES WITHHOLDING
	(B) KESIDENT	(C) COMP C	JOIL	(b) NONKES	FILED		6.5%	
							6.5%	
							6.5%	
							6.5%	
							6.5%	
							6.5%	
							6.5%	
							6.5%	
							6.5%	
							6.5%	
TALS		1					6.5%	
	CIAL SECURITY#	CIAL SECURITY# (B) RESIDENT (B) RESIDENT	NAME CIAL SECURITY # (B) RESIDENT (C) COMPO	NAME STI	NAME STREET OR MAIL CIAL SECURITY# WEST VIRGINIA FILING METHOD (B) RESIDENT (C) COMPOSITE (D) NONRES (D) NONRES	NAME STREET OR MAILING ADDRESS CIAL SECURITY # WEST VIRGINIA FILING METHOD (B) RESIDENT (C) COMPOSITE (D) NONRES (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	NAME STREET OR MAILING ADDRESS CITY CIAL SECURITY # (B) RESIDENT (C) COMPOSITE (D) NONRES (B) RESIDENT (C) COMPOSITE (D) NONRES (B) RESIDENT (C) COMPOSITE (D) NONRES (C) COMPOSITE (D) NONRES (E) (E) (F) NON-THE OF WAY INCOME OF WAY INCOME.	NAME STREET OR MAILING ADDRESS CITY STATE





WEST VIRGINIA FIDUCIARY MODIFICATIONS

2	N	2	1
	U		

ADDITIONS:		COLUMI	N I:TOTAL	COLUMN II:AMOUNT ALLOCATED If this is a Simple Trust having NO Taxable Income, OMIT Col. II
Interest inco	ome on state and municipal bonds, other than West Virginia			
2. Lump sum d	distribution (Federal Form 4972)			
3. Federal exe	emption (Form 1041, line 21)			
4. Other addition	ons – state nature and source			
5. Electing sma	all business trust additions			
6. TOTAL ADD (Add Lines 1	DITIONS 1 through 5, Col. II and enter here and on Page 1, Line 2)			
SUBTRACTIO	NS:	COLUMI	N I:TOTAL	COLUMN II:AMOUNT ALLOCATED
	ome on US obligations specifically exempt from state tax		600.00	600.00
9. Other subtra	actions – state nature and source			
10. Electing sma	all business trusts subtractions			
11. TOTAL SUE (Add Lines 7	BTRACTIONS 7 through 10, Col. II and enter here and on Page 1, Line 3)			
NET FIDUCIAF	RY MODIFICATIONS	COLUMN	N I:TOTAL	COLUMN II:AMOUNT ALLOCATED
12. NET FIDUC	CIARY MODIFICATIONS (Line 6 minus Line 11)			
I authorize the State	CHECKING SAVINGS		MAY RESULT IN A \$15.0	
(Signature of Fidu	uciary or Officer Representing Fiduciary)	(Date)	(Email)	
Paid				
Preparer's Use Only	(Signature of Preparer)			(Date)
	(Preparer's EIN) (Printed Nan	ne)		(Telephone Number)

