

TAX PERIOD BEGINNING
MM/DD/YYYY

ENDING
MM/DD/YYYY

EXTENDED
DUE DATE
MM/DD/YYYY

CORPORATION NAME

FEIN

MAILING ADDRESS

WV CORPORATION INCOME TAX ACCOUNT NUMBER

CITY

STATE

ZIP

CHANGE OF ADDRESS

STATE OF DOMICILE

NAICS

CONTACT NAME

CONTACT PHONE

CHECK ALL APPLICABLE BOXES

1) ENTITY TYPE

CORPORATION

NONPROFIT

2) RETURN TYPE

ANNUAL

INITIAL

FINAL

AMENDED

RAR (Form 870 or 4549-A/B must be provided)

52/53 WEEK FILER DAY OF WEEK ENDING _____

FISCAL OTHER

3) IF FINAL/SHORT/INITIAL RETURN

CEASED OPERATIONS IN WV

CHANGE OF OWNERSHIP

CHANGE OF FILING STATUS

MERGER

SUCCESSOR FEIN OF PREDECESSOR

TECHNICAL TERMINATIONS OTHER

4) FILING METHOD

SEPARATE ENTITY

CHECK HERE IF SEPARATE BUT PART OF FEDERAL CONSOLIDATED. ENTER FEIN: _____

COMBINED (UB-CR)

SEPARATE COMBINED

GROUP COMBINED SURETY FEIN:

WORLDWIDE ELECTION _____

5) IF SEPARATE, INDICATE ACTIVITY

WHOLLY WV ACTIVITY (SCHEDULE 1) (WV ACTIVITY ONLY)

MULTISTATE ACTIVITY (SCHEDULE 2)

6) REPORTABLE ENTITIES (ALL ENTITIES MUST BE INCLUDED ON SCHEDULE D)

A. ANY PTE YOU ARE A PARTNER, MEMBER, OR SHAREHOLDER DOING BUSINESS IN WV

B. ANY ENTITY YOU OWN 80% OF VOTING STOCK

D. ANY DISREGARDED ENTITY

C. ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK

E. ANY CONTROLLED FOREIGN CORPORATION

7) CURRENTLY UNDER AUDIT BY THE IRS? NO YES

YEARS UNDER AUDIT:

8) TYPE OF FEDERAL RETURN INCLUDED WITH THIS RETURN

1120

PROFORMA 1120

990

990T



B 3 0 2 0 2 3 0 1 W

NAME

FEIN

9. Adjusted Corporate Net Income Tax from Schedule 1, Schedule 2, or UB-CR	9		.00
10. Prior year carryforward credit.....	10		.00
11. Estimated and extension payments.....	11		.00
12. Withholding must match the withholding statements unless withholding is from NRSR.....	12		.00
<input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE)			
13. Build WV Property Value Adjustment Tax Credit	13		.00
14. Payments (add lines 10 through 13)	14		.00
15. Overpayment previously refunded or credited (amended return only).....	15		.00
16. TOTAL PAYMENTS (subtract line 15 from line 14)	16		.00
17. If line 16 is larger than line 9, enter overpayment	17		.00
18. Amount of line 17 to be credited to next year's tax.....	18		.00
19. Amount of line 17 to be refunded (subtract line 18 from line 17).....	19		.00
20. If line 16 is smaller than line 9, enter tax due here.....	20		.00
21. Interest for late payment (see instructions).....	21		.00
22. Additions to tax for late filing and/or late payment (see instructions).....	22		.00
23. Penalty for underpayment of estimated tax	23		.00
24. TOTAL DUE with this return (add lines 20 through 23).....	24		.00

Direct Deposit of Refund

CHECKING SAVINGS

ROUTING NUMBER

ACCOUNT NUMBER

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

I authorize the Tax Division 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 #

MAIL TO: WEST VIRGINIA TAX DIVISION
TAX ACCOUNT ADMINISTRATION
PO BOX 1202
CHARLESTON WV 25324-1202



B 3 0 2 0 2 3 0 2 W