

STATE OF WEST VIRGINIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SEMPER LIBERTIES			1		
WV-8453 Rev. 09/2020	Period beginning (MM/DD/YYYY)		Period ending (MM/DD/YYYY)		
	Your first name and m	iddle Initial	Last Name	Your So	cial Security Number
	If a joint return, spous	e's first name and middle initial	Last name, if	different Spouse	s Social Security Number
	Home Address (number and street)			Daytime	telephone number
	City, town or post office	e, state and ZIP code		I	
Part I		Tax Return Information (whole dolla	rs only)	
1. Federal Adjusted G	ross Income (Form IT-140), Line 1)		1	
2. West Virginia Incom	ne Tax (Form IT-140, Line	7) 2			
3. Balance Due (Form	IT-140, Line 23)				
4. Refund (Form IT-14	0, Line 26)			4	
Part II		Direct Deposit or Electron	ic Funds W	ithdrawal	
5. Routing transit number (RTN)		The first two numbers of the RTN must be 01 through 12 or 21 through 32			
6. Depositor account number (DAN)			,		
7. Electronic Fund	s Withdrawal (Checking o	nly; No Partial Payments)			
8. Type of account:	Checking Sa	vings (Direct Deposit Only)			
Part III		Declaration of	Taxpayer		
for any entries in error into my Checki is an irrevocable appointment of the co Under penalties of perjury, I declare the the corresponding lines of my West V to the West Virginia State Tax Departr	ng or Savings account as indicated above ther spouse as an agent to receive the re nat I have compared the information conta rginia income tax return. To the best of m nent, upon request by the Department. If	n by electronic debit as designated in Part II. I further authoriz in Part II and the Financial Institution indicated above in Part I fund or authorize the electronic debit. ined on my return with the information I have provided to my by knowledge and belief, my return is true, correct, and comple have filled a joint federal and state return, I understand that, if d /or the transmitter the reason(s) for the delay, or when the	I, to credit the same any clectronic Return Originat te. I consent that my return there is an error on either	amount(s) owed to me by the State for and that the amount described in m, including this declaration and ac	of West Virginia. If I have filed a joint return, this Part I above agree with the amounts shown or companying schedules and statements, be sen
Sign Here	Your signature	Date	Spouse's	s signature	Date
Part IV	Declaration &	Signature of Electronic Ret	urn Originat	tor (ERO) & Paid	Preparer
must ensure that Form WV-8453 acc information to filed with the West Virgi	urately reflects the data on the return.) I I nia State Tax Department, and have follo	Form WV-8453 are complete and correct to the best of my knave obtained the taxpayer's signature on Form WV-8453 be wed all other requirements described in the West Virginia Hanianying schedules and statements, and to the best of my known of my kn	ore submitting this return dbook for Electronic Filer vledge and belief they an	n to the State Tax Department, have s of Individual Income Tax Returns.	e provided the taxpayer a copy of all forms and If I am also the Paid Preparer, under penalty of aration of preparer is based on all information of
0:			Date	CHECK II.	Your PTIN/SSN
Signature Firm Name			Date	Paid Preparer Self-Employed	Your PTIN/SSN
•			Date	Paid Preparer	Your PTIN/SSN El No.
Firm Name (or yours, if sel			Date	Paid Preparer Self-Employed	
Firm Name (or yours, if sel employed) and address		e WV-8453 and all supporting		Paid Preparer Self-Employed Phone #	El No. Zip Code
Firm Name (or yours, if sel employed) and address ERO's are ins Under penalties of perjury, I declare the	tructed to retain th	e WV-8453 and all supporting	g document	Paid Preparer Self-Employed Phone #	El No. Zip Code an three (3) years.
Firm Name (or yours, if sel employed) and address ERO's are ins Under penalties of perjury, I declare the which preparer has any knowledge.	tructed to retain th		g document	Paid Preparer Self-Employed Phone #	El No. Zip Code an three (3) years.
Firm Name (or yours, if sel employed) and address ERO's are ins Under penalties of perjury, I declare the which preparer has any knowledge.	etructed to retain the nat I have examined this return and accon		g document	Paid Preparer Self-Employed Phone # s for not less that re true, correct and complete. Deckar	EI No. Zip Code an three (3) years. aration of preparer is based on all information of