Schedules	
H & E	w
Form IT-140	vv

H AND TOTAL DISABILITY	EXAMPLATE: The text of text o								
SCHEDULE H CERTIFICATION OF PERMANENT AND TOTAL	Name of Disabled Taxpayer		Social Security Number						
	Physician's Name			Physician's FEIN Number					
	Physician's Street Address								
		City		Date	State		Zip Code		
	Physicians Signature				MM	DD		YYYY	
C	BO INSTRUCTIONS TO PHYSICIAN COMPLETING DISABILITY STATEMENT A PERSON IS PERMANENTLY AND TOTALLY DISABLED WHEN HE OR SHE IS UNABLE TO ENGAGE IN ANY SUBSTANTIAL GAINFUL ACTIVITY BECAUSE OF A MENTAL OR PHYSI LASTED OR CAN BE EXPECTED TO LAST CONTINUOUSLY FOR AT LEAST A YEAR, OR CAN BE EXPECTED TO LEAD TO DEATH. IF, IN YOUR OPINION, THE INDIVIDUAL NAMI AND TOTALLY DISABLED DURING 2021, PLEASE CERTIFY SUCH BY ENTERING YOUR NAME, ADDRESS, SIGNATURE, DATE, AND FEIN NUMBER IN THE SPACES PROVIDED AND TOTALLY DISABLED DURING 2021, PLEASE CERTIFY SUCH BY ENTERING YOUR NAME, ADDRESS, SIGNATURE, DATE, AND FEIN NUMBER IN THE SPACES PROVIDED AND TOTALLY DISABLED DURING 2021, PLEASE CERTIFY SUCH BY ENTERING YOUR NAME, ADDRESS, SIGNATURE, DATE, AND FEIN NUMBER IN THE SPACES PROVIDED AND TOTALLY DISABLED DURING 2021, PLEASE CERTIFY SUCH BY ENTERING YOUR NAME, ADDRESS, SIGNATURE, DATE, AND FEIN NUMBER IN THE SPACES PROVIDED AND TOTALLY DISABLED DURING 2021, PLEASE CERTIFY SUCH BY ENTERING YOUR NAME, ADDRESS, SIGNATURE, DATE, AND FEIN NUMBER IN THE SPACES PROVIDED AND TOTALLY DISABLED DURING 2021, PLEASE CERTIFY SUCH BY ENTERING YOUR NAME, ADDRESS, SIGNATURE, DATE, AND FEIN NUMBER IN THE SPACES PROVIDED AND TOTALLY DISABLED DURING 2021, PLEASE CERTIFY SUCH BY ENTERING YOUR NAME, ADDRESS, SIGNATURE, DATE, AND FEIN NUMBER IN THE SPACES PROVIDED AND TOTALLY DISABLED DURING AND TOTALLY DURING AND TOTALLY DURING AND TOTALLY DISABLED DURING AND TOT						NAMED ON THIS	S STATEMENT IS PERMANENTLY	
ANOTHER STATE	 Nonresident – did not maintain a residence in West Virginia during the taxable year (NO CREDIT IS ALLOWED) Part-Year Resident – maintained a residence in West Virginia for part of the year; check the box which describes your situation and enter the date of your move: MM DD YYYY Moved into West Virginia Moved out of West Virginia, but had West Virginia source income during your nonresident period Mayord out of West Virginia, but had west Virginia source income during your nonresident period 								
NOTHE	Moved out of West Virginia and had no West Virginia source income during your nonresident period								
0	Otate Abbreviation			1	.00				
	2. West Virginia total income tax (line 8 of Form IT-140)				2	.00			
	3. Net income derived from above state included in West Virginia total income					3	.00		
TA	4. Total West Virginia Income (Residents–Form IT-140, line 4. Part-Year Residents-Schedule A, line 26)				4	.00			
	5. Limitation of Credit (line 2 multiplied by line 3 divided by line 4)				5	.00			
SCHEDULE FOR INCOME TAX PAID	6. Alternative West Virginia taxable income Residents – subtract line 3 from line 7, Form IT-140 Part-year residents – subtract line 3 from line 4				6	.00			
CREDIT	7. Alternative West Virginia total income tax (Apply the Tax Rate Schedule to the amount shown on line 6)				7	.00			
CRE	8. Limitation of credit (line 2 minus line 7)				8	.00			
	9. Maximum credit (line 2 minus the sum of lines 2 through 17 of the Tax Credit Recap Schedule)				9	.00			
	10. Total Credit (SMALLEST of lines 1,2, 5, 8, or 9) enter here and on line 1 of the Tax Credit Recap Schedule.				10	.00			
		A SEPARATE SCHEDULE E MUST BE COMPLETED FOR EACH STATE FOR WHICH CREDIT IS CLAIMED. YOU MUST MAINTAIN A COPY OF THE OTHER STATE TAX RETURN							

A SEPARATE SCHEDULE E MUST BE COMPLETED FOR EACH STATE FOR WHICH CREDIT IS CLAIMED. YOU MUST MAINTAIN A COPY OF THE OTHER STATE TAX RETURN IN YOUR FILES. IN LIEU OF A RETURN YOU MAY MAINTAIN AN INFORMATION STATEMENT AND THE WITHHOLDING STATEMENTS PROVIDED BY THE PARTNERSHIP, LIMITED LIABILITY COMPANY OR S-CORPORATIONS. THIS CREDIT IS NOT ALLOWED IN ANY CASE FOR INCOME TAX IMPOSED BY A CITY, TOWNSHIP, BOROUGH, OR ANY OTHER POLITICAL SUBDIVISION OF A STATE OR ANY OTHER COUNTRY.