

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	<input type="checkbox"/> CHANGE OF ADDRESS		
<input type="text"/>	<input type="text"/>	<input type="text"/>			
STATE OF DOMICILE	NAICS	CONTACT NAME	CONTACT PHONE		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

**CHECK ALL APPLICABLE BOXES**

1) ENTITY TYPE

CORPORATION  NONPROFIT

2) RETURN TYPE  ANNUAL  INITIAL  FINAL  AMENDED  RAR  OTHER  
 52/53 WEEK FILER DAY OF WEEK ENDING \_\_\_\_\_  FISCAL

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)  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 1 0 1 W

<b>NAME</b>	<b>FEIN</b>
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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. Payments (add lines 10 through 12; must match total on Schedule C) .....	13		.00
14. Overpayment previously refunded or credited (amended return only).....	14		.00
15. TOTAL PAYMENTS (subtract line 14 from line 13).....	15		.00
16. If line 15 is larger than line 9, enter <b>overpayment</b> .....	16		.00
17. Amount of line 16 to be <b>credited</b> to next year's tax.....	17		.00
18. Amount of line 16 to be <b>refunded</b> (subtract line 17 from line 16).....	18		.00
19. If line 15 is <b>smaller</b> than line 9, enter <b>tax due</b> here.....	19		.00
20. Interest for late payment (see instructions).....	20		.00
21. Additions to tax for late filing and/or late payment (see instructions).....	21		.00
22. Penalty for underpayment of estimated tax (Form CIT-120U line 6; attach schedule) .....	22		.00
23. <b>TOTAL DUE</b> with this return (add lines 19 through 22).....	23		<b>.00</b>

**Direct Deposit of Refund**     CHECKING     SAVINGS

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

I authorize the State Tax Department 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 STATE TAX DEPARTMENT  
 TAX ACCOUNT ADMINISTRATION DIVISION  
 PO BOX 1202  
 CHARLESTON WV 25324-1202

