

PRIMARY LAST NAME SOCIAL SECURITY NUMBER

9. Credits from Tax Credit Recap Schedule (see schedule on page 5 ) .....	9		.00						
10. Total Income Tax Due. Line 8 minus 9. If line 9 is greater than line 8, enter 0 .....	10		.00						
11. Overpayment previously refunded or credited (amended return only) .....	11		.00						
12. Penalty Due from Form IT-210 <input type="checkbox"/> REQUEST WAIVER <input type="checkbox"/> QUALIFIED FARMER <input type="checkbox"/> REQUEST ANNUALIZED <input type="checkbox"/> REQUEST SHORT METHOD If you owe penalty, enter here: .....	12		.00						
13. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 44). <input type="checkbox"/> CHECK IF NO USE TAX DUE .....	13		.00						
14. Add lines 10 through 13. This is your total amount due.....	14		.00						
15. West Virginia Income Tax Withheld (See instructions page 23) <input type="checkbox"/> Check if withholding from NRSR (Nonresident Sale of Real Estate) .....	15		.00						
16. Estimated Tax Payments and Payments with Schedule 4868 .....	16		.00						
17. Non-Family Adoption Tax Credit, if applicable (MUST include <b>Schedule WV NFA-1</b> ) .....	17		.00						
18. Senior Citizen Tax Credit for property tax paid (MUST include <b>Schedule SCTC-A</b> ) .....	18		.00						
19. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1 and Class 2 receipt) .....	19		.00						
20. Build WV Property Value Adjustment Refundable Tax Credit .....	20		.00						
21. WV Property Tax Adjustment Tax Credits (claim each separately below. Enter sum on line 21)									
<table><tr><td>A. MOTOR VEHICLE PROPERTY TAX</td><td></td><td>B. DISABLED VETERAN REAL PROPERTY TAX</td><td></td><td>C. SMALL BUSINESS PROPERTY TAX</td><td></td></tr></table>	A. MOTOR VEHICLE PROPERTY TAX		B. DISABLED VETERAN REAL PROPERTY TAX		C. SMALL BUSINESS PROPERTY TAX		21		.00
A. MOTOR VEHICLE PROPERTY TAX		B. DISABLED VETERAN REAL PROPERTY TAX		C. SMALL BUSINESS PROPERTY TAX					
22. Amount paid with original return (amended return only) .....	22		.00						
23. Payments and Refundable Credits (add lines 15 through 22) .....	23		.00						
<b>24. Balance Due</b> (line 14 minus line 23). If Line 23 is greater than line 14, complete line 25 ... <b>PAY THIS AMOUNT</b> .....	24		.00						
25. This is your Total Overpayment. Line 23 minus line 14 .....	25		.00						
26. Enter donation amounts below and enter the sum on Line 26									
<table><tr><td>A. CHILDREN'S TRUST FUND</td><td></td><td>B. WV DEPT. OF VETERANS ASSISTANCE</td><td></td><td>C. STATE VETERANS CEMETERY</td><td></td></tr></table>	A. CHILDREN'S TRUST FUND		B. WV DEPT. OF VETERANS ASSISTANCE		C. STATE VETERANS CEMETERY		26		.00
A. CHILDREN'S TRUST FUND		B. WV DEPT. OF VETERANS ASSISTANCE		C. STATE VETERANS CEMETERY					
27. Amount of Overpayment to be credited to your next year's estimated tax .....	27		.00						
<b>28. Refund due to you</b> (line 25 minus line 26 and line 27)..... <b>REFUND</b> .....	28		.00						

Direct Deposit of Refund

☐ CHECKING ☐ SAVINGS

ROUTING NUMBER

ACCOUNT NUMBER

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.

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.

Your Signature Date Spouse's Signature Date Telephone Number  
Signature of preparer other than above Preparer's EIN Date Telephone Number  
Preparer's Printed Name Preparer's Firm

<b>FOR REFUND, MAIL TO THIS ADDRESS:</b> WV TAX DIVISION P.O. BOX 1071 CHARLESTON, WV 25324-1071	<b>FOR BALANCE DUE, MAIL TO THIS ADDRESS:</b> WV TAX DIVISION P.O. BOX 3694 CHARLESTON, WV 25336-3694
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