

WEST VIRGINIA STATE TAX DEPARTMENT
SCHEDULE FOGW-1
FINANCIAL ORGANIZATION GOODWILL CREDIT



BUSINESS NAME

IDENTIFICATION NUMBER

TAX PERIOD

MM

DD

YYYY

TO

MM

DD

YYYY

Part A - Credit Qualification and Acquisition Summary

In order to claim a Financial Organization Goodwill Credit, both of the following must be satisfied:

- I. Claimant must be a financial organization with its commercial domicile in West Virginia that acquires a financial organization that does not have its commercial domicile in West Virginia;
- II. The goodwill associated with the acquisition is first added to the net equity of the financial organization with its commercial domicile in West Virginia on or after January 1, 2008;

Acquisition Summary

Date of Acquisition	Name of Acquired Financial Organization	FEIN of Acquired Acquisition	Goodwill Added to Net Equity

Part B - Credit Calculation

If items I and II of Part A have been satisfied and the Acquisition Summary has been completed, please complete the following:

1. Amount of goodwill associated with the acquisition first recorded on the balance sheet of the financial organization with its commercial domicile in West Virginia (Add the values from the Goodwill Added to Net Equity column of the Acquisition Summary and enter here). 1. \$ _____
2. Credit Limit Factor I. (Multiply the amount on Line 1 by 0.5). 2. \$ _____
3. Credit Limit Factor II (Multiply the amount on Line 2 by the Business Franchise Tax rate)
for taxable years beginning on or after 1/1/2008 use 0.0055;
for taxable years beginning on or after 1/1/2009 use 0.0048;
for taxable years beginning on or after 1/1/2010 use 0.0041;
for taxable years beginning on or after 1/1/2011 use 0.0034;
for taxable years beginning on or after 1/1/2012 use 0.0027;
for taxable years beginning on or after 1/1/2013 use 0.0020;
for taxable years beginning on or after 1/1/2014 use 0.0010;
for taxable years beginning on or after 1/1/2015 use 0.0000. 3. _____
4. Business Franchise Tax Liability:
 - a. Enter total Business Franchise Tax Liability. 4a. \$ _____
 - b. Enter Subsidiary Credit Claimed. 4b. \$ _____
 - c. Adjusted Business Franchise Liability
(Subtract the amount on Lines 4b from the amount on Line 4a). 4c. \$ _____
 - d. Business Franchise Tax Financial Organization Goodwill Credit Offset
(Enter the lesser of the amount on Line 3 and the amount on Line 4c here,
and on Summary of Corporation Net Income Tax/Business Franchise Tax
Credits (Schedule/Form WV/CNF-120TC) or summary of Business Franchise
Tax Credits (Schedule/Form WV/SPF-100TC)). 4d. \$ _____

Under penalties of perjury, I declare that I have examined this credit claim form (including accompanying schedules and statements) and to the best of my knowledge it is true, and complete.

Signature of Taxpayer

Name of Taxpayer: Type or Print

Title

Date

Person to Contact Concerning this Return

Telephone Number

Signature of Preparer other than Taxpayer

Address

Title

Date