## NRW-2 REV 8-11

## Statement of West Virginia Income Tax Withheld for Nonresident Individual or Organization

**Read Instructions on Reverse Side** 

ORGANIZATION NAME AND MAILING ADDRESS		NONRESIDENT'S NAME AND MAILING ADDRESS	
Name (please type or print)		Name (please type or print)	
Street or Post Office Box		Street or Post Office Box	
City/Town	State Zip Code	City/Town	State Zip Code
West Virginia Identification Number	Federal Identification Number	Social Security Number	West Virginia Identification Number
Check One:		1. Income subject to withholding for nonresident as reported on organization's S Corporation, Partnership or Fiduciary Return	\$
		2. Amount of West Virginia income tax withheld and refunded (see instructions)	\$
	Taxable Year	of Organization	
Beginning		Ending	
MM DD YYYY		MM DD YYYY	
NRW-2			
		sident Individual or C	gamzation
	Read Ins	structions on Reverse Side	AND MAILING ADDRESS
	Read Ins	structions on Reverse Side	
ORGANIZATION NAME A	Read Ins	Structions on Reverse Side	
ORGANIZATION NAME A Name (please type or print)	Read Ins	NONRESIDENT'S NAME           Name (please type or print)	
ORGANIZATION NAME A Name (please type or print) Street or Post Office Box	Read Ins	NONRESIDENT'S NAME         Name (please type or print)         Street or Post Office Box	AND MAILING ADDRESS
ORGANIZATION NAME A Name (please type or print) Street or Post Office Box City/Town	Read Inst         AND MAILING ADDRESS         State       Zip Code         Federal Identification Number	Image: Structions on Reverse Side         NONRESIDENT'S NAME         Name (please type or print)         Street or Post Office Box         City/Town	State Zip Code
ORGANIZATION NAME A         Name (please type or print)         Street or Post Office Box         City/Town         West Virginia Identification Number         Check One:         Trust       S Corporation	Read Inst         AND MAILING ADDRESS         State       Zip Code         Federal Identification Number	Structions on Reverse Side         NONRESIDENT'S NAME         Name (please type or print)         Street or Post Office Box         City/Town         Social Security Number         1. Income subject to withholding for nonresident as reported on organization's S corporation,	E       AND MAILING ADDRESS         State       Zip Code         West Virginia Identification Number
ORGANIZATION NAME A         Name (please type or print)         Street or Post Office Box         City/Town         West Virginia Identification Number         Check One:         Trust       S Corporation	Read Inst         ND MAILING ADDRESS         State       Zip Code         Federal Identification Number         on       Partnership         pility Company	Structions on Reverse Side         NONRESIDENT'S NAME         Name (please type or print)         Street or Post Office Box         City/Town         Social Security Number         1. Income subject to withholding for nonresident as reported on organization's S corporation, Partnership or Fiduciary Return         2. Amount of West Virginia income tax withheld and refunded (see	State       Zip Code         West Virginia Identification Number         \$
ORGANIZATION NAME A         Name (please type or print)         Street or Post Office Box         City/Town         West Virginia Identification Number         Check One:         Trust       S Corporation	Read Inst         ND MAILING ADDRESS         State       Zip Code         Federal Identification Number         on       Partnership         pility Company	Structions on Reverse Side         NONRESIDENT'S NAME         Name (please type or print)         Street or Post Office Box         City/Town         Social Security Number         1. Income subject to withholding for nonresident as reported on organization's S corporation, Partnership or Fiduciary Return         2. Amount of West Virginia income tax withheld and refunded (see instructions)	State       Zip Code         West Virginia Identification Number         \$

TO BE FILED IN THE ABSENCE OF FORM WV/NRW-4, WEST VIRGINIA NONRESIDENT INCOME TAX AGREEMENT

## **INSTRUCTIONS**

**Who Must File:** Every partnership, S corporation, estate or trust ("organization") deriving income or gain from West Virginia sources must complete Form WV/NRW-2 for each NONRESIDENT partner, shareholder, or beneficiary, ("Nonresident Distributee") who received distributions (actual or deemed) of West Virginia source income or gain from such Organization unless the Organization shows on its Schedule K-1's for Nonresident Distributees (or as an attachment thereto) the information required by the Tax Commissioner. A corporate partner or beneficiary is a nonresident when its commercial domicile is located outside West Virginia.

When and Where to File: Form WV/NRW-2 and remittance must accompany the Organization's West Virginia income tax return when it is filed. Partnerships/S corporations mail returns to West Virginia State Tax Department, PO Box 11751, Charleston, WV 25339-1751. Trusts mail returns to West Virginia State Tax Department, PO Box 1071, Charleston, WV 15324-1071. This form may be copied or a facsimile made and distributed as follows: (1) one copy to be attached to the Organization's West Virginia tax return, (2) one copy for the Organization's records, and (3) two copies must be furnished to each nonresident distributee from whom West Virginia income tax is withheld.

Amount of Withholding: The withholding tax rate is 6.5% of the amount subject to withholding.

**Nonresident Distributees:** The Nonresident individual named on this Form WV/NRW-2 is required to file a West Virginia Personal Income Tax Return (Form IT-140) with this Department by mailing it to PO Box 1071, Charleston, WV 25324-1071. The amount entered on line 2, Form WV/NRW-2, is allowed as a credit against the individual's West Virginia personal income tax liability for the taxable year and should be claimed as West Virginia income tax withheld. Attach a copy of Form WV/NRW-2 to the Form IT-140 in the space provided for attaching the Federal withholding form, Federal Form W-2.

If the Nonresident is an entity taxable as a corporation, it is required to file a West Virginia Corporation Net Income/Business Franchise Tax Return (WV/CNF-120) with the Department by mailing it to PO Box 1202, Charleston, WV 25324-1202. The amount entered on Line 2, Form WV/NRW-2, is allowed as a credit against the corporation's West Virginia corporation net income tax liability and should be claimed as estimated tax paid. Attach a copy of WV/NRW-2 to the Form WV/CNF-120.

**Taxable Years:** If the Nonresident Distributee's taxable year is the same as the taxable year of the Organization, the Distributee is required to report the income and claim withholding on the Distributee's annual West Virginia income tax return for that taxable year. If the taxable years are different, the Distributee reports the income and claims withholding tax credit on the Distributee's annual West Virginia income tax return filed for the taxable year during which the Organization's taxable year ended. **A copy of this form must be attached to the Distributee's annual return.** 

## INSTRUCTIONS

**Who Must File:** Every partnership, S corporation, estate or trust ("organization") deriving income or gain from West Virginia sources must complete Form WV/NRW-2 for each NONRESIDENT partner, shareholder, or beneficiary, ("Nonresident Distributee") who received distributions (actual or deemed) of West Virginia source income or gain from such Organization unless the Organization shows on its Schedule K-1's for Nonresident Distributees (or as an attachment thereto) the information required by the Tax Commissioner. A corporate partner or beneficiary is a nonresident when its commercial domicile is located outside West Virginia.

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**Taxable Years:** If the Nonresident Distributee's taxable year is the same as the taxable year of the Organization, the Distributee is required to report the income and claim withholding on the Distributee's annual West Virginia income tax return for that taxable year. If the taxable years are different, the Distributee reports the income and claims withholding tax credit on the Distributee's annual West Virginia income tax return filed for the taxable year during which the Organization's taxable year ended. **A copy of this form must be attached to the Distributee's annual return.**