

## SCHEDULES

H &amp; E

(FORM IT-140) W

Certification for Permanent and Total Disability  
and Credit for Income Tax Paid to Another State

2013

PRIMARY LAST NAME  
SHOWN ON FORM  
IT-140SOCIAL  
SECURITY  
NUMBER

## TAXPAYERS WHO ARE DISABLED DURING 2013 REGARDLESS OF AGE

If you were certified by a physician as being permanently and totally disabled during the taxable year 2013, OR you were the surviving spouse of an individual who had been certified disabled and DIED DURING 2013, read the instructions to determine if you qualify for the income reducing modification allowed on Schedule M.

If you qualify, you must (1) enter the name of and social security number of the disabled taxpayer in the space provided on this form, (2) have a physician complete the remainder of the certification statement and return it to you, (3) enclose the completed certification with your West Virginia personal income tax return, and (4) complete Schedule M to determine your modification.

A COPY OF YOUR FEDERAL SCHEDULE R (PART II) MAY BE SUBSTITUTED FOR THE WEST VIRGINIA SCHEDULE H.

If you have provided the West Virginia State Tax Department with an approved Certification of Permanent and Total Disability for a prior year AND YOUR DISABILITY STATUS DID NOT CHANGE FOR 2013, you do not have to submit this form with your return. However, you must have a copy of your original disability certification should the Department request verification at a later date.

I Certify under penalties of perjury that the taxpayer named below was permanently and totally disabled on or before December 31, 2013.

SCHEDULE H  
CERTIFICATION OF PERMANENT AND TOTAL DISABILITY

Name of Disabled Taxpayer		Social Security Number	
Physician's Name		Physician's FEIN Number	
Physician's Street Address			
City		State	Zip Code
Physicians Signature		Date	MM DD YYYY

## 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 PHYSICAL CONDITION AND THAT DISABILITY HAS 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 NAMED ON THIS STATEMENT IS PERMANENTLY AND TOTALLY DISABLED DURING 2013, PLEASE CERTIFY SUCH BY ENTERING YOUR NAME, ADDRESS, SIGNATURE, DATE, AND FEIN NUMBER IN THE SPACES PROVIDED ABOVE AND RETURN TO THE INDIVIDUAL.

## RESIDENCY STATUS

- ☐ Resident
- ☐ Non-Resident – 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
- ☐ Moved out of West Virginia and had no West Virginia source income during your nonresident period

SCHEDULE E  
CREDIT FOR INCOME TAX PAID TO ANOTHER STATE

81. INCOME TAX COMPUTED on your 2013 _____ return. Do not report Tax Withheld State Abbreviation	81	.00
82. West Virginia total income tax (line 10 of Form IT-140).....	82	.00
83. Net income derived from above state included in West Virginia total income.....	83	.00
84. Total West Virginia Income (Residents-Form IT-140, line 4. Part-Year Residents-Schedule A, line 80).....	84	.00
85. Limitation of Credit (line 82 multiplied by line 83 divided by line 84).....	85	.00
86. Alternative West Virginia taxable income Residents – subtract line 83 from line 7, Form IT-140 Part-year residents – subtract line 83 from line 84.....	86	.00
87. Alternative West Virginia total income tax (Apply the Tax Rate Schedule to the amount shown on line 86).....	87	.00
88. Limitation of credit (line 82 minus line 87).....	88	.00
89. Maximum credit (line 82 minus the sum of lines 2 through 17 of the Tax Credit Recap Schedule).....	89	.00
90. Total Credit (SMALLEST of lines 81, 82, 85, 88, or 89) enter here and on line 1 of the Tax Credit Recap Schedule.....	90	.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 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.