SPF-100

West Virginia Income Tax Return W S Corporation & Partnership (Pass-Through Entity)

| 2(0) | 1 | 7 |
|------|---|---|
| | | |

| FEIN | | | EXTENDED DUE DATE | | | | | | |
|---|--|---------------------|---|--------------------|-------|-------------|--------------|------------------------|-------------------|
| | | | TAX | YEAR | | | Check if tax | year is less | s than 12 months. |
| BEGINNING | | | | ENDING | | | | | |
| | ММ | DD | YYYY | | | ММ | | DD | YYYY |
| Business Name | | | | | | | | ark here fo Idress. | r change of |
| | | | | | | | | | |
| | First Line o | f Address | | | | Second I | _ine of Addr | ess | |
| | | | | | | | | | |
| | Cit | у | | State | | | Zip | code | |
| | | | | | | | | | |
| Priı | ncipal Place of Busi | ness in West Virgi | inia | | Ту | pe of Activ | vity in West | Virginia | |
| | | | | CABLE BOXES | | T | | | |
|] | TYPE OF ENTITY: | | TYPE OF | RETURN: | | | FEDERAL F | RETURN ATT | ACHED: |
| S CORPORATION PARTNERSHIP INITIAL FINAL AMENDED 1120S 1065 | | | | | | | | | |
| Are disregarded e | entities included in th | nis return? YE | S NO If Y | ES, complete the T | ax Re | eturn Ques | tionnaire on | page 13. | |
| PERSON AND PHO CONCERNING THIS | NE NUMBER TO CON S RETURN | NTACT NAME: | | | | NUMBER | : | | |
| N | ONRESIDENT WI | ITHHOLDING – | COMPLETE SCH | EDULE SP BEFO | DRE | COMPLE | TING THIS | SECTIO | N |
| | | | | | S | Sum of 1 | through | 4 must | equal 100% |
| 1. Percent of WV | residents filing Pers | sonal Income Tax I | Returns (from Sched | dule SP Column C) | 1 | | • | | |
| PTE account is | | nholding and subn | nitting payment for a | | 2 | | _ | | |
| _ | | • | n (from Schedule SP eturns that have NOT | , | 2 | | | | - |
| NRW-4's. PTE | account is responsi | ble for withholding | g and submitting pay Jule SP, Column E) | ment for all non- | 3 | | • | | |
| | 4. Percent of nonresidents filing WV Personal Income Tax Returns that have submitted NRW-4's (from Schedule SP, Column F) | | | | | • | | | |
| | 5. Total WV Income, from Schedule A line 10 if a partnership or from Schedule A line 12 if a S corp (must match Schedule SP, Column G) | | | | | 5 | | .00 | |
| 6. Income tax withheld for nonresident shareholders/partners electing to file on a Nonresident Composite return (<i>must equal Schedule SP, Column I</i>) | | | | | 5 | | .00 | | |
| | | • | rtners electing to file | | | | , | | .00 |
| 8. Total tax amour | nt withheld as report | ted on Schedule S | SP (add line 6 and lir | ne 7) | | | 3 | | .00 |

Continued on the next page...



| FI | EIN | | | | | |
|----|--|-----------|-------------|------|---------|-----------------------------|
| 8. | Total SP-withholdings due (from previous page) | | | 8 | | .00 |
| 9. | Prior year carryforward credit | 9 | | | .00 | |
| 10 |). Estimated and Extension payments | 10 | | | .00 | |
| 11 | . Total Withholding credits (See Instructions) CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE) | 11 | | | .00 | |
| 12 | 2. Amount paid with original return (Amended Return Only) | 12 | | | .00 | |
| 13 | 3. Payments (add lines 9 through 12) Must match total on the Schedule of Tax I | Paymen | ts | 13 | | .00 |
| 14 | I. Overpayment previously refunded or credited (Amended Return Only) | | | 14 | | .00 |
| 15 | 5. Total payments (line 13 minus line 14) | | | 15 | | .00 |
| 16 | S. Tax Due – If line 15 is smaller than line 8, enter amount owed. If line 15 is lar Line 20 | - | • | 16 | | .00 |
| 17 | 7. Interest for late payment | | | 17 | | .00 |
| 18 | B. Additions to tax for late filing and/or late payment | | | 18 | | .00 |
| 19 | 9. Total Due with this return (add lines 16 through 18) Make check payable to West Virginia Stat | te Tax De | partment | 19 | | .00 |
| 20 |). Overpayment (line 15 less line 8) | 20 | | | .00 | |
| 21 | . Amount of line 20 to be credited to next year's tax | 21 | | | .00 | |
| 22 | 2. Amount to be refunded (line 20 minus line 21) | 22 | | | .00 | |
| De | rect eposit Refund CHECKING SAVINGS | | | | | |
| PI | ROUTING LEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY | | | RECT | | IT NUMBER NFORMATION MAY |
| | RESULT IN A \$15.00 RETURNE | D PAY | MENT CHARGE | ≣. | | |
| | yment Options turns filed with a balance of tax due may use any of the following payment option | ons: | | | | |
| • | Check or Money Order – If you filed a paper return, enclose your check or money order with the payment voucher SPF-100V that is provided to you after | oney or | | | | filed, mail your check o |
| • | Electronic Funds Transfer - If you electronically filed your return, your tax pay may elect to authorize the withdrawal to occur at the time the return is filed o | | | | | |
| • | Payment by credit card – Payments may be made using your Visa® Card, Disc | | • | | • | |
| | der penalties of perjury, I declare that I have examined this return, accompanyi ief, it is true, correct and complete. I authorize the State Tax Department to disc | - | | | | f my knowledge and NO |
| | Signature of Officer/Partner or Member Print name of Officer/Partner or Member Title | | Date | | Busines | ss Telephone Number |
| | Paid preparer's signature Firm's name and address | | Date | | Prenare | er's Telenhone Number |

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT TAX ACCOUNT ADMINISTRATION DIVISION PO BOX 11751 CHARLESTON WV 25339-1751



Income/Loss Modifications to Federal Partnership Income

2017

| SCHEDULE A – INCOME/LOSS | | |
|---|--|------|
| Income/Loss: S corporation use Federal Form 1120S; Partnership use Federal Form 1065 | 1 | .00 |
| 2. Other income: S corporation use Federal Form 1120S, Schedule K.; Partnership use Federal Form 1065, Schedule K 3. Other expenses/deductions: S corporation use Federal Form 1120S, Schedule K; Partnership use Federal Form 1065, | 2 | .00 |
| Schedule K | 3 | .00 |
| 4. TOTAL FEDERAL INCOME: Add lines 1 and 2 minus line 3 – Attach federal return | 4 | .00 |
| 5. Net modifications to federal income: for S Corporation, Schedule A-2, line 26 for Partnership from Schedule A-1, line 13 6. Modified federal S Corporation/Partnership income (sum of lines 4 & 5). Wholly WV S Corporation go to line 12; | 5 | .00 |
| multistate S Corporation go to line 7. Wholly WV Partnership enter this amount on line 8 | 6 | .00 |
| 7. S CORPORATION ONLY: total nonbusiness income allocated everywhere from Form SPF-100APT, Schedule A-1, Column 3, Line 8 | 7 | |
| | | .00. |
| 8. Income subject to apportionment (line 6 less line 7) | 8 | .00 |
| SPF-100APT Schedule B, Part 1, line 8; or, if applicable, from SPF-100APT Schedule B, Part 2, Column 3; or APT Schedule B, Part 3, Column 3 | | |
| 10. Wholly WV Partnerships enter amount from line 6. Multistate S Corporation/Partnership's apportioned income | | |
| (line 8 multiplied by line 9). Multistate S Corporations only – complete lines 11 and 12. All S Corporations and Partnerships must complete Schedule SP and submit with return. | 10 | .00 |
| 11. S CORPORATION ONLY: Nonbusiness income allocated to West Virginia. From Form SPF-100APT, Schedule A-2, | 11 | |
| line 12 | | .00 |
| line 11). You must complete Schedule SP | 12 | 00 |
| SCHEDULE A-1 – MODIFICATIONS TO FEDERAL PARTNERSH INCREASING | IIP INCOM | |
| Interest income from obligations or securities of any state, or political subdivision other than WV that was deducted on | | |
| your federal return | 1 | .00 |
| US Government obligation interest or dividends exempt from federal but not exempt from state tax, less related expenses not deducted on federal return | 2 | .00 |
| 3. Interest expenses deducted on your federal return on indebtedness to purchase or carry securities exempt from | | |
| West Virginia income tax | | .00 |
| 4. Other. Describe other: | 4 | .00 |
| 5. Total increasing modifications – Add lines 1 through 4 | 5 | .00 |
| DECREASING 6. Interest or dividends from obligations or securities of any state, or political subdivision, included on your federal return | 1 1 | |
| but exempt from state tax | 6 | .00 |
| 7. US Government obligation interest or dividends subject to federal but exempt from state tax, less related expenses deducted on your federal return | 7 | 00 |
| 8. Refund or credit of income taxes or taxes based upon income, imposed by WV or any other jurisdiction, included on | | .00 |
| your federal return | 8 | .00. |
| 9. Other. Describe other: | 9 | .00 |
| 10. Subtotal of decreasing adjustments (add lines 6 through 9) | 10 | .00 |
| 11. Allowance for governmental obligations/obligations secured by residential property (from schedule A-3, line 9) | 11 | .00 |
| 12. Total decreasing adjustments (add lines 10 and 11) | 12 | .00 |
| NET | | |
| 13. Net modifications to federal partnership income – line 5 less line 12. Enter here and on Schedule. A, Line 5. If the result is negative, enter here and on Schedule A, line 5 as a negative number | 13 | .00 |



(FORM SPF-100) w Modifications to Federal S Corporation Income 2017

| FEIN | |
|------|--|
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| | INCREASING | | |
|--|--|----------|-----|
| | INCREASING | Τ.Ι | |
| | obligations or securities from any state or a political subdivision | 1 | .00 |
| expenses not deducted | ation interest or dividends not exempt from state tax, less related on federal return | | .00 |
| | ncome, imposed by West Virginia or any other jurisdiction, deducted on | | .00 |
| | nortization for WV water/air pollution control facilities – <i>WHOLLY WV</i> Y (Multistate S Corporations must use SPF-100APT, Schedule A-2) | 4 | .00 |
| Unrelated business tax | able income of a corporation exempt from federal tax (IRC 512) | 5 | .00 |
| | haritable contributions to Neighborhood Investment Programs if porhood Investment Programs Tax Credit | 6 | .00 |
| Operating loss from sorting loss from loss from sorting loss from loss from loss from loss from sorting loss from loss | urces outside the US | 7 | .00 |
| | on your federal return | | .00 |
| | | _ | |
| | IRC 199 (WV Code §11-24-6a) | 9 | .00 |
| | s related to certain REIT's and regulated Investment Companies | 10 | .00 |
| 11. Other. Describe other | | 11 | .00 |
| 12. TOTAL INCREASING | ADJUSTMENTS (add lines 1 through 11) | 12 | .00 |
| | DECREASING | | |
| | payment of taxes based upon net income, imposed by WV or any other federal taxable income | 13 | .00 |
| | igations or securities of any state or its political subdivisions disallowed axable income | 14 | .00 |
| | ion interest or dividends subject to federal but exempt from state tax, leducted on your federal return | 15 | .00 |
| 16. Salary expense not allo | wed on federal return due to claiming the federal jobs credit | 16 | .00 |
| 17. Foreign dividend gross- | -up (IRC Section 78) | 17 | .00 |
| 18. Subpart F income (IRC | Section 951) | 18 | .00 |
| 19. Taxable income from so | ources outside the United States | 19 | .00 |
| | ollution control facilities – wholly WV only (Multistate S Corporations Schedule A-2) | 20 | .00 |
| | to medical savings accounts (WV Code §33-16-15) included in federal counts withdrawn for non-medical purposes | 21 | .00 |
| 22. Other. Describe other | : | 22 | .00 |
| 23. SUBTOTAL of decreasi | ng adjustments – (add lines 13 through 22) | 23 | .00 |
| • | ental obligation/obligations secured by residential property (from | 24 | .00 |
| 25. TOTAL DECREASING | ADJUSTMENTS (add lines 23 and 24) | 25 | .00 |
| | NET | <u> </u> | |
| Schedule A, line 5. If th | eral S corporation Income (line 12 less line 25). Enter here and on e result is negative, enter here and on Schedule A, line 5 as a negative | 26 | .00 |



SPF-100

Schedule A-3 and Schedule of Tax Payments



| FEIN | 1 | |
|--------|---|--|
| 1 1111 | | |
| | | |

| SCHEDULE A-3 – ALLOWANCE FOR GOVERNMENTAL OBLIGATION RESIDENTIAL PROPERTY (§11-24-6 | | |
|---|---|-----|
| Federal obligations and securities | 1 | .00 |
| 2. Obligations of WV and political subdivisions of WV | 2 | .00 |
| Investments or loans primarily secured by mortgages or deeds of trust on residential property located in WV | 3 | .00 |
| Loans primarily secured by a lien or security agreement on a mobile home or double-wide located in WV | 4 | .00 |
| 5. TOTAL (add lines 1 through 4) | 5 | .00 |
| 6. Total assets as shown on Schedule L, Federal Form 1120S or Federal Form 1065 | 6 | .00 |
| 7. Line 5 divided by line 6 (round to 6 decimal places) | | |
| 8. ADJUSTED INCOME . For S corps, add Schedule A, line 4 and Schedule A-2 line 12 minus Schedule A-2 line 23 plus total from Form SPF-100APT, Schedule A-2, lines 9, 10, and 11. For partnerships, add Schedule A line 4 and Schedule A-1, line 5 minus Schedule A-1 line 10 | 8 | .00 |
| 9. ALLOWANCE (line 7 x line 8, disregard sign) Enter here and on Schedule A-2 Line 24 for S corporations or on Schedule A-1, line 11 for partnerships | 9 | .00 |

| | SCHEDULE OF TAX PAYMENTS | | | | | | | | |
|-----------------------------|--------------------------|-----------------|--------|------|--|------------------------------------|---------------------|---------------------|-------------------|
| Name of business | West Virginia Account | Date of Payment | | ate | Type: withholding, estimated, extension, | Amount of payment | | | |
| Name of business | Identification Number | MM | DD | YYYY | Indicate EFT | other pmts or prior year credit | other pmts or prior | other pmts or prior | Amount of payment |
| | | | | | | | .00 | | |
| | | | | | | | .00 | | |
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| | | | | | | | .00 | | |
| | | | | | | | .00 | | |
| TOTAL (This amount must agr | ee with the amount on li | ne 13 pa | age 2) | | | | .00 | | |



SPF-100TC REV 9-17

W

Summary of Pass-Through Entity Tax Credits



NAME

FEIN

This form is to be used by S Corporations and Partnerships to summarize the tax credits that are allocable to their shareholders/partners. Both this summary form and the appropriate credit calculation schedule(s) or form(s) must be attached to your return in order to claim a tax credit. The S Corporation or Partnership must complete an allocation schedule for each tax credit claimed. These allocations will be reported on their SPF-100, Schedule SP, column L. If you are claiming the Neighborhood Investment Program Credit you are no longer required to enclose the WV/NIPA-2 credit schedule with your return. You must maintain the schedule in your files.

| TAX CREDIT THE TOTAL AMOUNT OF CREDIT CANNOT EXCEED THE TAX LIABILITY | TAX CREDIT CARRIED FORWARD FROM PRIOR YEARS | TAX CREDIT EARNED IN CURRENT YEAR | TAX CREDIT USED IN CURRENT YEAR | TAX CREDIT CARRIED FORWARD TO FUTURE YEARS |
|---|--|---|---------------------------------------|---|
| Economic Opportunity Tax Credit (§11-13Q) – EOTC-A & EOTC-1 | .00 | .00 | .00 | .00 |
| Environmental Agricultural Equipment Tax Credit (§11-13K) – Form WV/AG-1 | .00 | .00 | .00 | .00 |
| West Virginia Neighborhood Investment Program Credit (§11-13J) – WV/NIPA-2 | .00 | .00 | .00 | .00 |
| 4. Strategic Research and Development Tax Credit (§11-13R) – WV/SRDTC-1* | .00 | .00 | .00 | .00 |
| 5. Apprentice Training Tax Credit (§11-13W) – WV/ATTC-1 | .00 | .00 | .00 | .00 |
| 6. Film Industry Investment Tax Credit (§11-13X) – WV/FIIA-TCS | .00 | .00 | .00 | .00 |
| 7. Alternative Fuel Tax Credit (§11-6D) – WV/AFTC-1 | .00 | .00 | .00 | .00 |
| 8. Commercial Patent Incentives Tax Credit (§11-13AA) – WV/CPITC-1 | .00 | .00 | .00 | .00 |
| 9. Innovative Mine Safety Technology Tax Credit (§11-13BB) – WV/IMSTTC-1 | .00 | .00 | .00 | .00 |
| 10. Historic Rehabilitated Buildings Investment Credit (§11-24-23a) – SCHEDULE RBIC | .00 | .00 | .00 | .00 |
| 11. West Virginia Military Incentive Credit (§11-24-12) – SCHEDULE J | .00 | .00 | .00 | .00 |
| 12. TOTAL CREDITS (Add lines 1 through 11) | .00 | .00 | .00 | .00 |

^{*} The Strategic Research and Development Tax Act terminated on January 1, 2014, and no new credit is available to any taxpayer for any qualified investment or expenditure made on or after that date. Credits that have been approved prior to January 1, 2014 and unused balances carried forward for use in subsequent years remain eligible for claim until the credit is fully used.

SPF-100APT REV 9-17

Allocation and Apportionment for Multistate Businesses



| FEIN | | |
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| | | |

This form is used by S Corporations that are subject to tax in more than one state to allocate and apportion their income to the State of West Virginia. Complete and attach to Form SPF-100. (See instructions and information for SPF-100APT Schedule A1 and A2 and Schedule B, Part 1, 2, & 3)

| SCHEDULE A1 EVERYWHERE ALLOCATION OF NONBUSINESS INCOME FOR MULTISTATE S CORPORATIONS (§11-24-7) | | | | | | |
|--|-------------------------------------|------------------------------|------------------------|--|--|--|
| Types of allocable income | Column 1 GROSS INCOME | Column 2 RELATED EXPENSES | Column 3 NET INCOME | | | |
| 1. Rents | .00 | .00 | .00 | | | |
| 2. Royalties | .00 | .00 | .00 | | | |
| 3. Capital gains/losses | .00 | .00 | .00 | | | |
| 4. Interest | .00 | .00 | .00 | | | |
| 5. Dividends | .00 | .00 | .00 | | | |
| 6. Patent/copyright royalties | .00 | .00 | .00 | | | |
| 7. Gain – sale of natural resources (IRC Sec. 631 (a)(b)) | .00 | .00 | .00 | | | |
| 8. Nonbusiness income/loss – Sum of line | es 1 through 7 column 3 Enter colur | nn 3 on SPF-100 Sch Aline 7 | .00 | | | |

SCHEDULE A2 WEST VIRGINIA ALLOCATION OF NONBUSINESS INCOME FOR MULTISTATE S CORPORATIONS (§11-24-7)

| Types of allocable income | Column 1 GROSS INCOME | Column 2 RELATED EXPENSES | Column 3 NET INCOME |
|---|--|------------------------------|------------------------|
| 1. Rents | .00 | .00 | .00 |
| 2. Royalties | .00 | .00 | .00 |
| 3. Capital gains/losses | .00 | .00 | .00 |
| 4. Interest | .00 | .00 | .00 |
| 5. Dividends | .00 | .00 | .00 |
| 6. Patent/copyright royalties | .00 | .00 | .00 |
| 7. Gain – sale of natural resources (IRC Sec. 631 (a)(b)) | .00 | .00 | .00 |
| 8. Nonbusiness income/loss (sum of | lines 1 through 7 of column 3) | | .00 |
| 9. Less cost of West Virginia water/ai | r pollution control facilities this year | | .00 |
| 10. Federal depreciation/amortization | .00 | | |
| 11. Federal depreciation/amortization | on such facilities expensed in prior ye | ar | .00 |
| | located to West Virginia (sum of lines | | .00 |



| (Form | SPF-100APT) |
|-------|-------------|
| FEIN | |

FAILURE TO COMPLETE SPF-100APT SCHEDULE B WILL RESULT IN 100% APPORTIONMENT TO WEST VIRGINIA

W

APT SCHEDULE B APPORTIONMENT FACTORS FOR MULTISTATE S CORPORATIONS /PARTNERSHIPS (§11-24-7)

PART 1 - REGULAR FACTOR

LINES 1 & 2: Divide Column 1 by Column 2 and enter 6 digit decimal in column 3.

LINE 5: Column 1 – Enter line 3. Column 2 – line 3 less line 4. Divide column 1 by column 2 and enter 6 digit decimal in column 3.

| | Column 1 West Virginia | Column 2 Everywhere | Column 3 Decimal Fraction (6 digits) |
|---|--|------------------------|---|
| 1. Total Property | .00 | .00 | |
| 2. Total Payroll | .00 | .00 | |
| 3. Total Sales | .00 | .00 | |
| Sales to purchasers in a state where you are not taxable | | .00 | |
| 5. Adjusted Sales | .00 | .00 | |
| 6. Adjusted Sales (enter line 5 again) | .00. | .00 | |
| 7. TOTAL: Add Column 3, Lines 1, 2, | 5, and 6 | | |
| 8. APPORTIONMENT FACTOR – Line zero in Column 2, lines 1, 2, 5, and | e 7 divided by the number 4, reduced 6. Enter 6 digits after the decimal. En | | • |

| | PART 2 – MOTOR CARRIER FACTOR (§11-24-7a) VEHICLE MILEAGE – Enter column 3 on Form SPF-100, Schedule A, line 9. | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| Column 1 West Virginia | Column 2 Everywhere | Column 3 Decimal Fraction (6 digits) Column 1 divided by Column 2 | | | | | | |
| | | • | | | | | | |
| PART 3 – FINANCIAL ORGANIZATION FACTOR (§11-24-7b) GROSS RECEIPTS – Enter Column 3 on SPF-100, Schedule A, Line 9. | | | | | | | | |
| Column 1 West Virginia | Decimal Fraction (6 digits) | | | | | | | |
| .00 | .00 | • | | | | | | |



SPF-100W REV 9-17

W

West Virginia Withholding-Credit Schedule Pass-Through Entity



Enter WV withholding-credit information below. Do NOT send NRW-2's, K-1's, and/or 1099's with your return.

If FEIN entered in the Taxpayer Information Box B is different from the FEIN of Pass-Through Entity, you *MUST* attach a statement of explanation.

| | USINESS NAME HOWN ON FORM SPF-100 | FE | IN |
|---|---|--|--|
| | A – Payer Information | B – Taxpayer Information | C – WV Tax Withheld |
| | | | .00 |
| | Payer ID from 1099, K-1, and/or NRW-2 | Name | WV WITHHOLDING |
| 1 | Payer Name | - | Check the appropriate box |
| | | | 1099 K-1 NRW-2 |
| | Address | .00 | Date tax year ending (MMYY) |
| | City, State, ZIP | Income Subject to WV WITHHOLDING | Enter WV withholding Only |
| | A – Payer Information | B – Taxpayer Information | C – WV Tax Withheld |
| | | | .00 |
| | Payer ID from 1099, K-1, and/or NRW-2 | Name | WV WITHHOLDING |
| 2 | Payer Name | FEIN | Check the appropriate box |
| | | | 1099 K-1 NRW-2 |
| | Address | .00 | Date tax year ending (MMYY) |
| | City, State, ZIP | Income Subject to WV WITHHOLDING | Enter WV withholding Only |
| | A – Payer Information | B – Taxpayer Information | C – WV Tax Withheld |
| | | | .00 |
| | Payer ID from 1099, K-1, and/or NRW-2 | Name | WV WITHHOLDING |
| 3 | | _ | Check the appropriate box |
| | Payer Name | FEIN | |
| | | FEIN | 1099 K-1 NRW-2 |
| | Address | FEIN .00 | |
| | | - | 1099 K-1 NRW-2 |
| | Address | .00 | 1099 K-1 NRW-2 Date tax year ending (MMYY) |
| | Address City, State, ZIP | .00 Income Subject to WV WITHHOLDING | 1099 K-1 NRW-2 Date tax year ending (MMYY) Enter WV withholding Only |
| | Address City, State, ZIP | .00 Income Subject to WV WITHHOLDING | Date tax year ending (MMYY) Enter WV withholding Only C – WV Tax Withheld .00 WV WITHHOLDING |
| 4 | Address City, State, ZIP A – Payer Information | Income Subject to WV WITHHOLDING B – Taxpayer Information | Date tax year ending (MMYY) Enter WV withholding Only C – WV Tax Withheld .00 |
| 4 | Address City, State, ZIP A – Payer Information Payer ID from 1099, K-1, and/or NRW-2 Payer Name | Income Subject to WV WITHHOLDING B – Taxpayer Information Name | Date tax year ending (MMYY) Enter WV withholding Only C – WV Tax Withheld .00 WV WITHHOLDING |
| 4 | Address City, State, ZIP A – Payer Information Payer ID from 1099, K-1, and/or NRW-2 | Income Subject to WV WITHHOLDING B – Taxpayer Information Name | Date tax year ending (MMYY) Enter WV withholding Only C — WV Tax Withheld .00 WV WITHHOLDING Check the appropriate box |

Total WV tax withheld from column C above.....

.00

If you have WV withholding on multiple pages, add the totals and enter the GRAND total on line 11, Form SPF-100.



(FORM SPF-100)

Shareholder/Partner Information and Nonresident Withholding

707

PEIN

| | SHARE | SHAREHOLDERS/PARTNERS OWNERSHIP AND COMPUTATION OI | OWNERSHIR | P AND COMPL | JTATION C | OF WEST VIRGINI | F WEST VIRGINIA NONRESIDENT SHAREHOLDERS/PARTNERS WITHHOLDING TAX | HAREHOLDERS/P | ARTNERS WITHH | OLDING TAX | | |
|----------|----------------------|--|------------|---|---------------------|--|---|--|----------------------------------|--|--|-------------|
| | (A) | (B) | PE | PERCENT OF INCOME DISTRIBUTION WY FILING METHOD | IT OF INCOME DISTRI | IBUTION | (9) | (H) | () | (ک) | (K) | (L) |
| | SHAREHOLDER/ PARTNER | SHAREHOLDER/ | | | | | TOTAL | COLUMN D% | TAX WITHHELD | COLUMN E% | TAX WITHHELD | TAX CREDITS |
| | NAME AND ADDRESS | PARTNER ID | (C) | (Q) | | (F) | TION | TIMES COLUMN G | Ω | TIMES COLUMN G | COL. (J) X 6.5% | ALLOCATED |
| | | SSN or FEIN | RESIDENT I | NONRESIDENT COMPOSITE | NON- RESIDENT | DATE PERIOD AGREEMENT FILED/ NONRESIDENT WITH WV NRW-4 | WV INCOME | WILL BE FILED ON A NONRESIDENT COMPOSITE RETURN) | ON NONRESIDENT COMPOSITE RETURN) | BE FILED ON NON- RESIDENT INDIVIDUAL RETURN) | WİTHHELD FOR NON- RESIDENT INDIVIDUAL RETURNS) | |
| - | | | | | | | | | | | | |
| | | | • | • | • | • | 00. | 00. | 00. | 00. | 00. | 00. |
| 2 | | | | | | | | | | | | |
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Transfer total of Column C to line 1 of Form SPF-100
Transfer total of Column D to line 2 of Form SPF-100
Transfer total of Column E to line 3 of Form SPF-100
Transfer total of Column F to line 4 of Form SPF-100

 $^{^*}$ Column F – Shareholder/partner percentage of income that is covered by NRW-4 (NRW-4 must be attached to return or on file with the WV State Tax Department.)

Transfer amount from Column G to line 5 of Form SPF-100
* Column G is the Total West Virginia S Corporation or Partnership Income and is multiplied to attain each shareholder/partner's income/loss distribution amount. This amount is not to be summed and should be reflected in each line entry for Column G. The amount entered for Column G should match entries for line 10 (Partnerships) or line 12 (S Corps) of Schedule A before transferring to line 5 of SPF-100.

Transfer total of Column I to line 6 of Form SPF-100

Transfer total of Column K to line 7 of Form SPF-100

SPF-100EXT

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REV 9-17

Extension of Time to File Information Returns

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| FEIN EXTENDED DUE DATE | | | | | | | | | | | |
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| | TAX YEAR | | | | | | | | | | |
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| BUSINESS NAME AND ADDRESS TYPE OF ORGANIZATION: (CHECK ONLY ONE) | | | | | | | | | | | |
| Partnership Filing Form SPF-100 | | | | | | | | | | | |
| S Corporation Filing Form SPF-100 | | | | | | | | | | | |
| Contact Person | | | | | Contact Phone # | | | | | | |
| 1. Nonresident wi | 1. Nonresident withholding tax due (do not include nonresident composite payments) | | | | | | | | | | |
| 2. Nonresident Co | omposite tax due C | ONLY | | | 2 | | | .00 | | | |
| 3. Total tax due (a | add lines 1 and 2) | | | | 3 | | | .00 | | | |

NOTE: This form is to be used for requesting an extension of time to file the S Corporation or Partnership Income Tax Return and for making an extension payment for the pass-through entity's nonresident withholding tax or their Nonresident Composite account. This form is not a substitute for filing annual tax returns.

WHO MAY FILE: Any S corporation or partnership needing an extension of time to file the West Virginia Income Tax Return (Form SPF-100) and expecting to owe tax must file Form SPF-100EXT. Any taxpayer granted an extension of time to file a federal return is granted the same extension of time to file their West Virginia return. An extension of time for filing does not extend the time for payment. To avoid interest and additions to tax for late payment, use this return to make an extension payment pending the filing of your annual return.

PAYMENT OF NONRESIDENT WITHHOLDING TAX: West Virginia tax law (Code §11-21-71a) requires S corporations and partnerships to withhold income tax on distributions of West Virginia source income (whether actual or deemed distributions) to nonresident shareholders and partners. The withholding tax rate is 6.5%.

The nonresident withholding tax is due and payable with this request. You must remit by the unextended due date 90% of the nonresident withholding tax due for the taxable year or 100% of the tax paid for the prior taxable year, if the prior tax year was a full 12 months and tax was paid. If the balance due on your annual return is paid by the last day of your extension and the amount due is 10% or less of the tax due for the taxable year, no additions to tax will be imposed on the balance remitted. Overpayments may be refunded or credited to next year's withholding.

WHEN TO FILE: An S corporation's annual West Virginia Income Tax return is due on or before the fifteenth day of the third month following the close of the taxable year. A partnership's annual West Virginia Income Tax return is due on or before the fifteenth day of the third month following the close of the taxable year.

CLAIMING OF EXTENSION PAYMENT: A tentative payment made by filing Form SPF-100EXT must be claimed on line 10 of your West Virginia Income Tax return (Form SPF-100).

Make check payable and remit to: **West Virginia State Tax Department Tax Account Administration Division** PO Box 11751

Charleston, WV 25339-1751



Tax Return Questionnaire – CNF-120/SPF-100

| CHECK ALL THAT APPLY Short period return Change of name Change of name Change of address FINAL AND/OR SHORT-PERIOD RETURN - CHECK ALL THAT APPLY Ceased operations in West Virginia Change of ownership Change of ownership Successor to previous business Checked Above PLEASE PROVIDE AN EXPLANATION FOR BOXES CHECKED ABOVE If this is the entity's initial return or if the entity did not file a return under the same name and same federal I.D. number for the preceding indicate whether: (a) — new WV business; (b) D successor to previously existing business; or (c) — was included on a WV return filed a different FEIN. Please explain: Are Q-Subs included in this return? — Yes — No. If yes, list name and federal I.D. number of each Q-Sub and the name and FEIN of parent. Are G-Subs included in this return? — Yes — No. If yes, list name and federal I.D. number of each disregarded entity an name and FEIN of their parent. Please submit additional pages if required. 4. (a) Was the entity a partner or member in a pass-through entity doing business in West Virginia? — Yes — No. If yes, list name and FeIN of their parent. Please submit additional pages if required. 5. (b) Was the entity a partner or member in a pass-through entity doing business in West Virginia and own 80 percent or more of the voting stock of an corporation doing business in West Virginia at any time during the taxable year do business in West Virginia and own 80 percent or more of the voting stock of an corporation doing business in West Virginia at any time of the y— Yes — No. If yes, list name, address and federal ID. number of each entity. Was 80 percent or more of the corporation's voting stock owned by any corporation doing business in West Virginia at any time of the y— Yes — No. If yes, list name, address and federal ID number of each entity. 1. The federal tax return attached to this West Virgi | NAME | | | | | | | FEIN | | |
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| □ Change of name □ Change of entity type □ Change of address FINAL AND/OR SHORT-PERIOD RETURN – CHECK ALL THAT APPLY □ Cassed operations in West Virginia □ Change in filing status □ Change of ownership □ Successor to previous business □ Other □ Technical Termination □ Taxpayer continue to file future returns under this FE PLEASE PROVIDE AN EXPLANATION FOR BOXES CHECKED ABOVE Technical Termination □ Taxpayer continue to file future returns under this FE PLEASE PROVIDE AN EXPLANATION FOR BOXES CHECKED ABOVE This is the entity's initial return or if the entity did not file a return under the same name and same federal I.D. number for the preceding indicate whether, (a) □ new WV business; (b) □ successor to previously existing business; or (c) □ was included on a WV return filed a different FEIN. Please explain: □ Secondary or the preceding indicate whether, (a) □ new WV business; (b) □ successor to previously existing business; or (c) □ was included on a WV return filed a different FEIN. Please explain: □ Secondary or the preceding indicate whether, (a) □ new WV business; (b) □ successor to previously existing business; or (c) □ was included on a WV return filed a different FEIN. Please explain: □ Secondary or the preceding indicate whether, (a) □ new WV business in Vest Virginia? □ number of each O-Sub and the name and FEIN or parent. □ Are O-Subs included in this return? □ Yes □ No. If yes, list name and federal I.D. number of each disregarded entity an name and FEIN of their parent. Please submit additional pages if required. □ Characteristics included in this return? □ Yes □ No. If yes, list name and federal I.D. number of each disregarded entity an name and FEIN of their parent. Please submit additional pages if required. □ Characteristics included in this return? □ a pass-through entity doing business in West Virginia? □ Yes □ No. If yes, list name, address and federal I.D. number of each entity. □ No. If yes, list name, address and federal I.D. number of each entity. □ No. If yes, list name, a | | | | CHEC | CK ALL | THAT APPI | LY | | | |
| FINAL AND/OR SHORT-PERIOD RETURN - CHECK ALL THAT APPLY Ceased operations in West Virginia | ☐ Change of n | ame | | | | | | | | |
| Merger Successor to previous business Other Taxpayer continue to file future returns under this FE PLEASE PROVIDE AN EXPLANATION FOR BOXES CHECKED ABOVE 1. If this is the entity's initial return or if the entity did not file a return under the same name and same federal I.D. number for the preceding indicate whether. (a) new WV business; (b) successor to previously existing business, or (c) was included on a WV return filed a different FEIN. Please explain: 2. Are Q-Subs included in this return? Yes No. If yes, list name and federal I.D. number of each Q-Sub and the name and FEIN of parent. 3. Are disregarded entities included in this return? Yes No. If yes, list name and federal I.D. number of each disregarded entity an name and FEIN of their parent. Please submit additional pages if required. 4. (a) Was the entity a partner or member in a pass-through entity doing business in West Virginia? Yes No. If yes, list name and federal I.D. number of the pass-through entity(ies). 5. (b) Was the entity doing business in West Virginia other than through its interest held in a pass-through entity doing business in West Virginia and own 80 percent or more of the voting stock of an corporation doing business in West Virginia? Yes No. If yes, list name, address and federal I.D. number of each entity. 7. Was 80 percent or more of the corporation's voting stock owned by any corporation doing business in West Virginia at any time of the y Yes No. If yes, list name, address and federal I.D. number of each entity. 8. The federal tax return attached to this West Virginia return is: a proforma federal tax return a copy of the federal tax return filed with the entity currently under audit by the Internal Revenue Service? Yes No. If yes, list name and federal lax return a copy of the federal tax return filed with the entity currently under audit by the Internal Revenue Service? Yes No. If yes, list name and federal lax return a copy of the federal tax return filed with | = onango or a | | ND/OR SI | HORT-PER | RIOD R | ETURN – C | HECK AL | L THAT APPLY | | |
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| to the Department, check \square here and file an amended return. Attach a copy of the final determination to each amended return. | If yes, enter yea | ars under audit Revenue Service has | s made final | and unappe | alable ac | ljustments to t | | | | en reported |