

TAX PERIOD BEGINNING
MM/DD/YYYY

ENDING
MM/DD/YYYY

EXTENDED
DUE DATE
MM/DD/YYYY

CORPORATION NAME			FEIN		
MAILING ADDRESS			WV CORPORATION INCOME TAX ACCOUNT NUMBER		
CITY	STATE	ZIP	<input type="checkbox"/> CHANGE OF ADDRESS		
STATE OF DOMICILE	NAICS	CONTACT NAME	CONTACT PHONE		

CHECK ALL APPLICABLE BOXES		1) ENTITY TYPE	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> NONPROFIT
2) RETURN TYPE	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> INITIAL	<input type="checkbox"/> FINAL	<input type="checkbox"/> AMENDED
	<input type="checkbox"/> RAR	<input type="checkbox"/> OTHER		<input type="checkbox"/> FISCAL
	<input type="checkbox"/> 52/53 WEEK FILER	DAY OF WEEK ENDING _____		
3) IF FINAL/SHORT/INITIAL RETURN	<input type="checkbox"/> CEASED OPERATIONS IN WV	<input type="checkbox"/> CHANGE OF OWNERSHIP	<input type="checkbox"/> CHANGE OF FILING STATUS	<input type="checkbox"/> MERGER
	<input type="checkbox"/> SUCCESSOR	FEIN OF PREDECESSOR <input type="text"/>	<input type="checkbox"/> TECHNICAL TERMINATIONS	<input type="checkbox"/> OTHER _____
4) FILING METHOD	<input type="checkbox"/> SEPARATE ENTITY	<input type="checkbox"/> CHECK HERE IF SEPARATE BUT PART OF FEDERAL CONSOLIDATED. ENTER FEIN: _____		
	<input type="checkbox"/> COMBINED (UB-CR)	<input type="checkbox"/> SEPARATE COMBINED	<input type="text"/>	
		<input type="checkbox"/> GROUP COMBINED SURETY FEIN: <input type="text"/>	<input type="checkbox"/> WORLDWIDE ELECTION _____	
5) IF SEPARATE, INDICATE ACTIVITY	<input type="checkbox"/> WHOLLY WV ACTIVITY (SCHEDULE 1)	<input type="checkbox"/> MULTISTATE ACTIVITY (SCHEDULE 2)		
6) REPORTABLE ENTITIES (ALL ENTITIES MUST BE INCLUDED ON SCHEDULE C OR SCHEDULE D):				
<input type="checkbox"/>	ANY PTE YOU ARE A PARTNER, MEMBER, OR SHAREHOLDER DOING BUSINESS IN WV			
<input type="checkbox"/>	ANY ENTITY YOU OWN 80% OF VOTING STOCK	<input type="checkbox"/> ANY DISREGARDED ENTITY		
<input type="checkbox"/>	ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK	<input type="checkbox"/> ANY CONTROLLED FOREIGN CORPORATION		
7) CURRENTLY UNDER AUDIT BY THE IRS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	YEARS UNDER AUDIT: <input type="text"/>	
8) TYPE OF FEDERAL RETURN INCLUDED WITH THIS RETURN				
<input type="checkbox"/>	1120	<input type="checkbox"/>	PROFORMA 1120	<input type="checkbox"/>
<input type="checkbox"/>	990	<input type="checkbox"/> 990T		



NAME

FEIN

9. Adjusted Corporate Net Income Tax from Schedule 1, Schedule 2, or UB-CR.....	9		.00
10. Prior year carryforward credit.....	10		.00
11. Estimated and extension payments.....	11		.00
12. Withholding must match the withholding statements unless withholding is from NRSR.....	12		.00
<input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE)			
13. Payments (add lines 10 through 12; must match total on schedule C).....	13		.00
14. Overpayment previously refunded or credited (amended return only).....	14		.00
15. TOTAL PAYMENTS (subtract line 14 from line 13).....	15		.00
16. If line 15 is larger than line 9 enter overpayment	16		.00
17. Amount of line 16 to be credited to next year's tax.....	17		.00
18. Amount of line 16 to be refunded (subtract line 17 from line 16).....	18		.00
19. If line 15 is smaller than line 9, enter tax due here.....	19		.00
20. Interest for late payment (see instructions).....	20		.00
21. Additions to tax for late filing and/or late payment (see instructions).....	21		.00
22. Penalty for underpayment of estimated tax (line 6, Form CNF-120U; attach schedule).....	22		.00
23. TOTAL DUE with this return (add lines 19 through 22).....	23		.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. PLEASE SEE PAGE 3 OF INSTRUCTIONS FOR PAYMENT OPTIONS.

I authorize the State Tax Department 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.

Signature of Officer/Partner or Member Print name of Officer/Partner or Member Date

Title Email Business Telephone #

Signature of paid preparer Print name of Preparer Date

Firm's name and address Preparer's Email Preparer's Telephone #

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
TAX ACCOUNT ADMINISTRATION DIVISION
PO BOX 1202
CHARLESTON WV 25324-1202

