

## WEST VIRGINIA RESIDENT INCOME TAX RETURN - 2005

IT-140

• A	├─ First Name and Initial		Last Name		Your Social Security Number			
	Spouse's First Name and Initia	I (if joint return)	Spouse's Last Name	(if different)	7 ; ; ;			
711	opouses i list ivalle and illida	i (ii joint retarri)	Opouse's Last Name	c (ii diliciciti)	Spouse	e's Social Secur	ity Number	
					-  ; ; ;	_		1
USE	Present Home Address							<u>.</u>
ABEL,	<b>-</b>				Ent	er extended du	e date	
PRINT	City or Town	County	State	Zip Code		/ DD YY		
R TYPE								
						ng Form <b>WV-837</b>		_
	r of Birth Spouse's	Telep	ohone Number		injured spo	use, check this b	oxL	
_	NG STATUS (CHECK ONE)	•	C EXEMPTION				Γ	$\overline{}$
	lle, Head of household, or Widow(er)			claimed on your			L	
with	dependent child			RUCTIONS IF YOU MA		•	_	
. Man	ried filing jointly (even if only one spou	se had income)	<b>   </b>	dent's SSN	mig spease (s	ce page o).		
				Year	spouse died		•	
. Man	ried filing separately. See Instructions	on page 3 and give			•			
spou	use's social security number above an	d enter spouse's		MPTIONS (add box ow. If box 3 is zero,	,			
full r	name here		On line 6 bei	ow. II box 3 is zero,	, enter \$500 on	ine 6 below		_
. FEDE	ERAL ADJUSTED GROSS INCOM	E (federal Form 104)	0: Form 1040A: or For	m 1040EZ)		1		00
	TIONS TO INCOME (line 29) of Sc	,		•		2		00
	FRACTIONS FROM INCOME (line					3		00
	T VIRGINIA ADJUSTED GROSS II	,			_	4		00
	-INCOME EARNED INCOME EXCL					5		00
	MPTIONS (box 3 of Section C abov					6		00
	T VIRGINIA TAXABLE INCOME (li							00
	ME TAX DUE from (check one)					8		00
	T VIRGINIA INCOME TAX WITHHEL				00			00
	MATED TAX PAYMENTS AND PAY	,			00			
				44	00	1		
	OR CITIZEN TAX CREDIT FOR PRO	,		'/	00			
	CREDITS/EMPLOYMENT/NONFAN				00	1		
	DIT FOR INCOME TAX PAID TO O				100	14	Li	00
	OF PAYMENTS AND CREDITS (a	•	,					00
	ANCE OF TAX DUE (line 8 minus lin	,				15		00
	ALTY DUE (from Form IT-210) (SEE		·			16		00
	CK IF REQUESTING WAIVER/AN			□ •				
. BALA	NCE DUE THE STATE (add lines	15 and 16) ENCLOS	SE PAYMENT VOUC	HER (page 2)		17		00
	CK HERE IF PAYMENT BY CREE	•	,					
OVE	RPAYMENT (subtract line 8 from lii	ne 14)				18		00
. AMO	UNT OF OVERPAYMENT TO BE	CREDITED TO 2006	6 ESTIMATED TAX	19	00	•		
. WES	T VIRGINIA CHILDREN'S TRUST	FUND to help preve	ent child <u>ab</u> use and ne	glect				
Ente	er the amount of your contribution:	<b>□</b> \$5 <b>□</b> \$25 <b>□</b>	\$100 Other \$ _	20	00	•		
. DEDI	UCTIONS FROM YOUR OVERPAY	MENT (add lines 1	9 and (20)			21		00
REF	UND Due you (subtract line 21 from	m line 18) ( <b>REFUND</b>	OF \$2 or less, see in	structions)		22	(	00
								_
	E REFUND Routing Numbe	r		Type:	Checking _	Savings _	]	
	CTLY							
DEP	Account Number	<u> </u>						
GN HER	E - Under penalties of perjury, I declare	that I have examined	this return, including acco	mpanying schedules	and statements,	and to the best		
my know	ledge and belief it is true, correct and co	mplete. I authorize the	e State Tax Department	to discuss my return	n with my prepa	rer. Yes	No	
1			1					
1	Your Signature	Date	Spous	e's Signature			Date	
				50.00	OT HOE 65 4 65 55			
aid Pre	parer's Signature	Date	_	DO NO	OT USE SPACE BE	:LOW		—
	. • • •	_ 53						
			<b>-</b>					
ddroos	of Preparer	Telephone	— I					
1uui ess	UI FIEDAIEI	releptione	1					

## WEST VIRGINIA SCHEDULES M and E

	If you are claiming a disability modification on line 39, attach Schedule H to your return.									
GROSS INCOME	Modifications INCREASING federal adjusted gross income (additions)									
	23. Interest or dividend income on federal obligations which is exempt from federal tax but subject	23								
	24. Interest or dividend income on state and local bonds other than bonds from West Virgin	24								
	25. Interest on money borrowed to purchase bonds earning income exempt from West Virg	25								
	26. Qualifying 402(e) lump-sum income NOT included in federal adjusted gross income but s	26								
	27. Other income deducted from federal adjusted gross income but subject to state tax (see	27								
	28. Withdrawals from a medical savings account or prepaid tuition/savings plan NOT used									
	qualifying expenses	28								
	29. TOTAL ADDITIONS (add lines 23 through 28). Enter here and on line 2 of Form IT-140	29								
	Modifications DECREASING federal adjusted gross income (subtractions)									
	30. Interest or dividends received on United States or West Virginia obligations	Column A (You)	Column B (Spouse)							
Ř	includible in federal adjusted gross income but exempt from state tax	30								
	31. Total amount of any benefit (including survivorship annuities) received from any									
	West Virginia state or local police, deputy sheriff's or firemen's retirement system									
LE ST	32. Up to \$2,000 of benefits received from West Virginia Teachers Retirement System,									
2 2	West Virginia Public Employees Retirement System, Military Retirement and Federal									
SCHEDULE M TO ADJUSTED	Retirement Systems (Title 4 USC § 111)	32								
	33. Military Retirement Modification (Enclose 1099R)	33								
SC TO	<b>34.</b> Pension Benefit Guaranty Modification (see instructions on page 7)	34								
MODIFICATIONS .	35. Income received and includible in federal adjusted gross income but exempt from state									
	tax by federal law. Enclose form 1099RRB/documents supporting deduction.									
Ĕ	State the source and amount of exempt income	35								
Ä	<b>36.</b> Refunds of state and local income taxes received and reported as income to the IRS	36								
표	37. Payments to the West Virginia Prepaid Tuition/Savings Plan Trust Funds.	7. Payments to the West Virginia Prepaid Tuition/Savings Plan Trust Funds.								
	Enclose copy of Smart 529 annual statement/documents supporting deduction									
MOI	38. Other deduction(s) i.e., Long - Term Care Insurance, WV Medical Savings Account									
	Enclose documents supporting deduction									
	<b>39.</b> Senior citizen or disability deduction (see instructions on page 7)									
	YOU SPOUSE									
	(a) Income from sources not included (a)	_								
	In lines 30 through 38	_								
	(b) Maximum modification	-								
	(c) Add lines 30 through 33 above(d)									
	(d) Subtract line (c) from line (b)	39								
	(If less than zero, enter zero) Enter smaller of (a) or (d)	40								
	40. Surviving spouse deduction	41								
	41. Combine lines 30 through 40 for each column		42							
	42. TOTAL SUBTRACTIONS (line 41, Column A plus line 41, Column B). Enter on line 3 of A separate Schedule E must be completed for each state for which credit is claimed.		172							
	Remember to attach a copy of the other state's return; otherwise, your credit will b									
<b>₩</b>	<b>43.</b> Income tax from your 2005 return	43								
TAX ATE	NAME OF STATE									
E T	44. West Virginia total income tax (line 8 of Form IT-140)	44								
OME R S	<b>45.</b> Net income derived from above state included in West Virginia total income	45								
4 2 音	West Virginia income includes: Wage and Salary Income Other Income									
CHEDULE E FOR INCOME ANOTHER ST	46. West Virginia adjusted gross income (line 4 of Form IT-140)	46								
	47. Limitation of credit (line 44 multiplied by line 45 and divided by line 46)	47								
	48. West Virginia taxable income (line 7 of Form IT-140)	48								
$\omega = 0$	49. Alternative West Virginia taxable income (line 48 minus line 45)	49								
	<b>50.</b> Alternative West Virginia total income tax (rate schedule applied to amount shown on li	50								
# 5	<b>51.</b> Limitation of credit (line 44 minus line 50)	51								
CREDI PAID T	52. Maximum credit (line 44 minus line 12 of Form IT-140)	52								
	53. Total credit (the SMALLEST of lines 43, 44, 47, 51, or 52). Enter on line 13 of Form IT	53								