



**Taxpayer's Full Name:** \_\_\_\_\_ **Spouse's Full Name:** \_\_\_\_\_

Form ID: WV	<b>West Virginia General Information</b>
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County of residence \_\_\_\_\_ [1]  
 Notice received for mandatory electronic payments \_\_\_\_\_ [2]

<b>Use Tax</b>
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Purchases \_\_\_\_\_ [3]

	Municipality	Purchases
Municipality purchases	_____	_____ [4]
Municipality purchases	_____	_____

<b>Contributions</b>
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Amount of contributions you wish to make to:

West Virginia Children's Trust Fund \_\_\_\_\_ [5]  
 West Virginia Department of Veterans Assistance \_\_\_\_\_ [6]  
 Donel C. Kinnard Memorial State Veterans Cemetery \_\_\_\_\_ [7]

<b>Part-year Resident and Nonresident Information</b>
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Part-year residency status \_\_\_\_\_ [8]

1 = Moved into West Virginia  
 2 = Moved out of West Virginia with West Virginia source income during period of nonresidency  
 3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

If you were a part-year resident during the tax year, enter the dates you lived in West Virginia

Part-year residency dates:

From \_\_\_\_\_ [9]  
 To \_\_\_\_\_ [10]

State of residence \_\_\_\_\_ [11]  
 If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) \_\_\_\_\_ [12]

**NOTES/QUESTIONS:**