

## West Virginia Amended Income Tax Return - 20\_\_\_\_\_ IT-140X

(Rev. 07/02) Or other taxable year beginning \_\_\_\_\_\_, 20\_\_\_\_\_ Ending \_\_ \_\_\_\_, 20\_

## THIS FORM MAY BE USED ONLY FOR TAXABLE YEARS 2000 AND THEREAFTER

Α	Name (if joint return, give first names and initials of both)	ast Name	Your Social S	Security Number		
USE						
LABEL,	Present home address (number and street, including apartment number, or rural route)		Spouse's Socia	al Security Number		
PRINT						
OR TYPE	City, Town, or Post Office County	State Zip Code		<del></del>		
	<b>→</b>		YourTelep	hone Number		
	Your Year of Birth Spouse's Year	of Birth	•			
BESID	ENCY STATUS:			ORIGINAL THIS		
				RETURN RETURN		
	ent for the entire tax year					
	esident/Part-Year Resident filing a West Virginia Nonresident/Part-Y					
Nonre	esident filing a West Virginia Nonresident Special Return (Form IT-1	40 NRS)				
C EILING	S STATUS:			ORIGINAL THIS		
		RETURN RETURN				
	ried Filing Jointly, Head of Household, Single, or Widow(er) with De					
	ried Filing Separately. Give spouse's social security number above			22		
and	enter spouse's full name here:					
<u>Б</u> ЕХЕМІ	PTIONS:			ORIGINAL THIS RETURN RETURN		
				1 1		
ı. Exei	mptions claimed on Federal return			' L		
2	mantian for Compining Company of the company of the d			2		
Z. Exel	mption for Surviving Spouse: Enter year spouse died					
3 Tota	al West Virginia Exemptions			3 (		
0. 1018	si vvest virginia Exemptions		i	<u> </u>		
xplain all a	adjustments using Part II on the back of this return!	COLUMN A ON ORIGINAL RETURN	COLUMN B NET CHANGE INCREASE OR (DECREASE)	COLUMN C CORRECTED AMOUNT		
1 Federal	Adjusted Gross Income (attach copy of Federal Form 1040X).	1	on (Bronzacz)			
	ginia Modifications	2				
	rginia Adjusted Gross Income (line 1 plus or minus line 2)	3				
	ome Earned Income Exclusion (see instructions)	4				
	ions (see instructions)	5				
	rginia Taxable Income (line 3 minus lines 4 and 5)	6				
	n Rate Schedule , Schedule T or Part III	·	•			
	SIDENTS/PART-YEAR RESIDENTS MUST USE PART III.	7				
	rginia Income Tax Withheld	8				
		9				
	ed Tax Payments and Payments with Schedule L	10				
	ss/Investment/ Employment/ Non-Family Adoption Credits	11				
	or Income Tax Paid to Other State(s)		12			
	Paid With Previous Return(s) Credits and Payments (sum of lines 8 through 12)					
19. <b>If line 18</b>	8 is LESS than line 7, column C, enter $f BALANCE\ DUI$	` '				
		CHECK HERE   IF PAYMENT BY CREDIT/DEBIT CARD (see instructions)				
	· · · · · · · · · · · · · · · · · · ·	•	20			
20. <b>If line 18</b>	8 is LARGER than line 7, column C, enter OVERPAYN	1ENT	l			
20. <b>If line 18</b> 21. <b>Amount</b>	· · · · · · · · · · · · · · · · · · ·	IENT	21			

## **PART I: TAX RATE SCHEDULES**

RATE SC	HEDULE I	RATE SCHEDULE II		
Single, Married filing jointly, Head o dependent child	f household, and Widow(er) with	Married filing separately		
Use this schedule if you checked box r	umber 1 under "FILING STATUS"	Use this schedule if you checked box n	umber 2 under "FILING STATUS"	
\$25,000 \$40,000 \$ 900 \$40,000 \$60,000 \$1,575	00 plus 4% of excess over \$10,000 00 plus 4.5% of excess over \$25,000 .00 plus 6% of excess over \$40,000 .00 plus 6.5% of excess over \$60,000	\$12,500 \$20,000 \$ 450. \$20,000 \$30,000 \$ 787.	00 plus 4% of excess over \$ 5,000 plus 4.5% of excess over \$12,500 for plus 6.5% of excess over \$20,000 for plus 6.5% of excess over \$30,000	
Enter the box or line number fror	n the front of this form for each ite	IE, STATUS, EXEMPTIONS m you are changing and give the re ire to include your name and so	eason for each change. Attach	
PART III: NONRESIDEN	T/PART-YEAR RESIDENT	TAX CALCULATION		
<ul> <li>IF YOU WERE SUBJECT TO F YOUR TAX (ATTACH SCHEDU</li> <li>West Virginia Income (include al West Virginia source income dur</li> <li>Federal Adjusted Gross Income</li> </ul>	income during your period of residency a ing your nonresidency; see the instruction (from column C, line 1)	nd any	4	
-	perjury, I declare that I have examined this	the purpose of contacting the preparer reg s return, including accompanying schedule		
Your Signature	Date	Spouse's Signature	Date	
Signature of preparer other than to	xpayer Date	Address of preparer	Telephone	