## AMENDED RETURN INFORMATION

If you are using this form to file an amended return, provide an explanation of the changes made in the space below. Enclose all supporting forms and schedules for items changed. If you were required to file an Amended Federal return (Form 1040X), you **must** enclose a copy of that return. Be sure to include your name and social security number on any enclosures.

## WRITTEN REQUEST FOR WAIVER OF ESTIMATED PENALTY

## 2009 SCHEDULE PBGC

## MODIFICATION TO ADJUSTED GROSS INCOME WEST VIRGINIA PERSONAL INCOME TAX RETURN

PRINT	T			
OR	Last Name Name (If joint return, give first names and initials o	of both) Your So	cial Security Number	
ÖK				
TYPE	Present home address (number and street, including apartment number, or rural route)	) Spouse	e's Social Security	
1		· ·	-	
	City or Town County State Zip Code	Daytime	e Telephone Number	
1.	Enter amount of retirement benefits that would have been paid from your employer-pro	ovided plan	1	
2.	Enter amount of retirement benefits actually received from Pension Guaranty Corpora	2 .00		
3.	Subtract line 2 from line 1 and enter the difference here and on Schedule M, line 43	2		
0.	3. Subtract line 2 from line 1 and enter the difference nere and on Schedule M, line 43			
To receive this modification, the Schedule PBGC must be completed and enclosed with your return.				