



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
TAX08007

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
**SHELLY MURRAY
 304-558-8801**

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

**DEPARTMENT OF TAX & REVENUE
 VARIOUS LOCALES AS
 INDICATED BY ORDER**

| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
|--------------|---------------|----------|--------|---------------|
| 10/03/2007 | | | | |

BID OPENING DATE: **11/06/2007** BID OPENING TIME **01:30PM**

| LINE | QUANTITY | UOP | CAT NO | ITEM NUMBER | UNIT PRICE | AMOUNT |
|---|--------------|-----|--------|-------------|------------|--------|
| REQUEST FOR QUOTATION | | | | | | |
| <p>THE PURCHASING DIVISION IS SOLICITING BIDS FOR THE WV STATE TAX DEPARTMENT TO PROVIDE 2008 WEST VIRGINIA EMPLOYER'S WITHHOLDING COUPON BOOKLET AND LOOSE CUT FORMS.</p> <p>ATTACHMENTS: SPECIFICATIONS PURCHASING AFFIDAVIT</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON WEDNESDAY, OCTOBER 24, 2007. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR EMAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, EMAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRES TO:</p> <p style="margin-left: 200px;">SHELLY MURRAY DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET EAST CHARLESTON, WV 25311 FAX: 304-558-4115 EMAIL: SMURRAY@WVADMIN.GOV</p> | | | | | | |
| 0001 | 1 | LS | | 860-20 | | |
| | COUPON BOOKS | | | | | |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA Business Associate Addendum -** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130



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| <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE UPON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN</p> | | | | | | |

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| <p>CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 04/11/2001</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR</p> | | | | | | |

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| <p>MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).</p> <p>A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() BIDDER IS AN INDIVIDUAL RESIDENT VENDOR AND HAS RESIDED CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>() BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-QUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR 80% OF THE OWNERSHIP INTEREST OF BIDDER IS HELD BY ANOTHER INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR WHO HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>() BIDDER IS A CORPORATION NONRESIDENT VENDOR WHICH HAS AN AFFILIATE OR SUBSIDIARY WHICH EMPLOYS A MINIMUM OF ONE HUNDRED STATE RESIDENTS AND WHICH HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA CONTINUOUSLY FOR THE</p> | | | | | | |

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| <p>FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION.</p> <p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() BIDDER IS A RESIDENT VENDOR WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES WORKING ON THE PROJECT BEING BID ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID;</p> <p>OR</p> <p>() BIDDER IS A NONRESIDENT VENDOR EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS OR IS A NONRESIDENT VENDOR WITH AN AFFILIATE OR SUBSIDIARY WHICH MAINTAINS ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES OR BIDDERS' AFFILIATE'S OR SUBSIDIARY'S EMPLOYEES ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID.</p> <p>BIDDER UNDERSTANDS IF THE SECRETARY OF TAX & REVENUE DETERMINES THAT A BIDDER RECEIVING PREFERENCE HAS FAILED TO CONTINUE TO MEET THE REQUIREMENTS FOR SUCH PREFERENCE, THE SECRETARY MAY ORDER THE DIRECTOR OF PURCHASING TO: (A) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; OR (B) ASSESS A PENALTY AGAINST SUCH BIDDER IN AN AMOUNT NOT TO EXCEED 5% OF THE BID AMOUNT AND THAT SUCH PENALTY WILL BE PAID TO THE CONTRACTING AGENCY OR DEDUCTED FROM ANY UNPAID BALANCE ON THE CONTRACT OR PURCHASE ORDER.</p> | | | | | | |

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| <p>BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX COMMISSIONER TO BE CONFIDENTIAL.</p> <p>UNDER PENALTY OF LAW FOR FALSE SWEARING (WEST VIRGINIA CODE 61-5-3), BIDDER HEREBY CERTIFIES THAT THIS CERTIFICATE IS TRUE AND ACCURATE IN ALL RESPECTS; AND THAT IF A CONTRACT IS ISSUED TO BIDDER AND IF ANYTHING CONTAINED WITHIN THIS CERTIFICATE CHANGES DURING THE TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY.</p> <p>BIDDER: -----</p> <p>DATE: -----</p> <p>SIGNED: -----</p> <p>TITLE: -----</p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B". (REV. 12/00)</p> | | | | | | |

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| ***** THIS IS THE END OF RFQ TAX08007 ***** TOTAL: | | | | | | _____ |

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OPEN END CONTRACT

2008 WEST VIRGINIA EMPLOYER'S WITHHOLDING COUPON BOOKLET AND LOOSE CUT FORMS

1. 25,000 Monthly Booklets, Annual Distribution
- 1.a 1,000 Update Mailings (per month) Monthly distribution of partial booklets
Items 1 & 1a: (Size 8 3/4" W x 3 1/2" H) with return envelopes.
2. 28,000 Quarterly Booklets, Annual Distribution
- 2.a 700 Update Mailings (per month) Monthly distribution of partial booklets
Items 2 & 2.a: (size 8 3/4" W x 3 1/2" H) with return envelopes.
3. 7,000 Annual Booklets, Annual Distribution
Item 3: (size 8 3/4" W x 3 1/2" H) with return envelope.

Quantities listed in items 1., 1.a., 2., 2.a., & 3. are approximate

4. 50,000 Forms WV/IT-101, Employer's Return of West Virginia Income Tax
Withheld. Loose cut forms (same as in booklets), trimmed on left side
to measure 8 1/4"W x 3 1/2" H.
5. 50,000 Forms WV/IT-103, Annual Reconciliation. .Loose cut forms (same as in
booklet excluding imprinted current year), trimmed on left side to
measure 8 1/4" W x 3 1/2" H.
6. Cost of Bulk Mailing Permit, Postal Imprint and any additional fees required for
mailing Items 1. through 3. (one time charge), excluding postage.

2008 EMPLOYER'S WITHHOLDING COUPON BOOKLET

GENERAL SPECIFICATIONS

Monthly Booklets: Approximately 25,000 – 18 pages including front and back cover, plus 12 return mail envelopes.

Monthly Update Mailings: Approximately 1,000 M - Distributed monthly. Same as Item 1 except for excluding outdated coupons and reducing the number of return envelopes to equal the number of coupons in each booklet.

Quarterly Booklets: Approximately 28,000 – 11 pages, including front and back cover, plus 4 return envelopes.

Quarterly Update Mailing: Approximately 700 -- Distributed monthly. Same as item 2 except for excluding outdated coupons and reducing the number of return envelopes to equal the number of coupons in each booklet.

Annual Booklets: Approximately 7,000 – 8 pages, including front and back cover, plus 1 return mail envelope.

50,000 Forms WV/IT-101 loose cut. Dimensions, color and paper weight to be same as specified for booklet.

50,000 Forms WV/IT-103 loose cut. Dimensions, color and paper weight to be same as specified for booklet.

Note: The quantities provided for items 1 through 3 are estimates based on the number of filers on the Internal Auditing Division's records at the time these specifications were prepared. The actual quantities are governed by the Division's record of taxpayers filing withholding returns at the time the production addressing file is created.

Separate unit price is requested for Items 1 through 3. Unit price (per thousand) requested for Items 4 and 5. Unit price applies for the life of the contract, reorders of Items 4 and 5 (with minimum quantities of 10,000) may occur after the initial shipment.

Items #1, 1a, 2, 2a, 3

Coupon Booklets:

Size –

- Height 3 ½"
- Overall Width of Booklet 8 ¾"
- Width of detachable returns 8 ¼"
- Width of loose cut forms 8 ¼"

Binding –

- (a) Booklets must be stapled with two wire stitches and bound with black tape over the stitches at the left edge of the booklets.
- (b) Booklet to be trimmed on three (3) sides plus binding edge.
- (c) All reporting forms must have vertical perforations ½" from left edge of booklet but be strong enough to prevent inadvertent separation.

Paper Stock – Front and back cover to be 32 lb. Light blue ledger stock. All other pages **except Forms WV/IT-101 and WV/IT-103** are 20 lb. White bond paper. For paper stock on returns, see individual return specifications.

Composition –The Internal Auditing Division will furnish forms, samples, and typewritten copy to the vendor. Vendor is required to furnish all composition. Materials furnished are not necessarily the exact size print desired. Vendor is expected to assist in the composition and layout of forms and instructions. Should there be any changes in the specifications and the form, the form rules. While some material may not be exact, the current form is what is to be duplicated exactly/identical. The terms coupon and return are used interchangeably.

Successful vendor to furnish three (3) copies of proofs. Before final approval can be given for printing of the coupon booklets, the West Virginia State Tax Department must have a minimum of 50 proofs of scannable Form WV/IT-101 and Form WV/IT-103. These proofs are to be on the actual paper intended for use in final printing and of the desired ink color requested in the specifications.

CONTENTS FOR EMPLOYER'S WITHHOLDING COUPON BOOKLET

MONTHLY BOOKLET

1. Front cover – Printed front and back. Employer's name and address imaged on front.
2. Page 1 – Address page, to be imaged with business name and address. No printing on back.

3. Page 2 – Front and back to be printed with instructions.
4. Pages 3 through 14 – One Employer's Return per page. See specifics for Form WV/IT-101.
5. Page 15 – Employer's Change Order, vertically perforated ½" from left edge. Detached form measures 8 ¼" W x 3 ½" H. Employer's Identification Number must be imaged on form.
6. Page 16 – Annual Reconciliation, Form WV/IT-103, see specifics for Form WV/IT-103.
7. Back cover – Inside to be printed with Employer's Record of Payment and Reconciliation totals for year.

MONTHLY UPDATES OF MONTHLY BOOKLET

1. Layout of the monthly update of the Monthly Booklet is to be consistent with Monthly Booklet *excluding outdated coupons*.

QUARTERLY BOOKLET

1. Front cover – Printed front and back. Employer's name and address imaged on front.
2. Page 1 – Address page. See specifics above – Monthly Booklet, item #2.
3. Page 2 – Printed front and back with instructions.
4. Pages 3 through 6 – One Employer's Return per page, see specifics for Form WV/IT-101.
5. Page 7 – Employer's Change Order, vertically perforated ½" from left edge to detach to 8 ¼" W x 3 ½" H. Imaging required – Employer's Identification Number. Print front and back.
6. Page 8 – Annual Reconciliation , Form WV/IT-103, see specifics for Form WV/IT-103.
7. Back cover – Inside to be printed with Employer's Record of Payment and Reconciliation totals for the year.

MONTHLY UPDATES OF QUARTERLY BOOKLET

1. Layout of the monthly update of Quarterly Booklets is to be consistent with Quarterly Booklet *excluding outdated coupons*.

ANNUAL BOOKLET

1. Front cover – Printed front and back. Employer's name and address imaged on front.
2. Page 1 – Address page. See specifics on Monthly Booklet, item #2.
3. Page 2 – Printed front and back with instructions.
4. Page 3 – One Employer's Return. See specifics for Form WV/IT-101.
5. Page 4 – Employer's Change Order, vertically perforated $\frac{1}{2}$ " from left edge to detach to $8 \frac{1}{4}$ " W x $3 \frac{1}{2}$ " H. Imaging required – Employer's Identification Number. Print front and back.
6. Page 5 – Annual Reconciliation, Form WV/IT-103, see specifics for Form WV/IT-103.
7. Back cover – inside to be printed with Employer's Record of Payment and Reconciliation totals for year.

Item #4 and #5

Form WV/IT-101, Employer's Return of West Virginia Income Tax Withheld. Loose cut forms (same as in booklets), trimmed on left side to measure $8 \frac{1}{4}$ " W x $3 \frac{1}{2}$ " H. No Imaging is required on this form. The front of the loose cut return must have a specifically assigned barcode that meets the same barcode specifications as the preprinted return in the coupon booklet.

Form WV/IT-103, Annual Reconciliation. Loose cut forms (same as in booklet), trimmed on left side to measure $8 \frac{1}{2}$ " W x $3 \frac{1}{3}$ " H. No imaging required on this form. The front of the loose cut form must have a specific barcode assigned by the tax department that meets the same This form requires a barcode specifically assigned by the Tax Department

RETURN MAIL ENVELOPE

TD-22 Return envelopes are to be furnished in each packet by the vendor. Twelve (12) envelopes are to be inserted with the mailing of the monthly booklet. Four (4) envelopes are to be inserted with the mailing of the quarterly booklet and one (1) envelope is to be inserted with the annual booklet. Update mailings of coupon booklets must contain one return envelope for each coupon (Form WV/IT-101, Employer's Withholding Returns) inserted in booklet. Return envelope with top flap must be 24 pound white wove and $8 \frac{7}{8}$ " x $3 \frac{7}{8}$ " in size. Top flap is to be gummed to at least $\frac{1}{2}$ " of each side of the envelope. Return envelopes will have the West Virginia State Tax Department address and postal bar coding printed on face in black ink. Printing will

be discussed and samples furnished to successful vendor. Final envelope construction will be subject to approval from the West Virginia State Tax department.

MAILING ENVELOPE

A mailing envelope (die cut) will be required with a window to permit the name and address on the coupon booklet to show clearly and entirely for efficient delivery by U.S. Postal Service. Envelope must conform to current U.S. Postal Service specifications for Bulk Rate Mailing, including any bar codes and indicia printed in black ink. This envelope must be 24lb. Kraft and be of sufficient size to hold the coupon booklet and return mail envelope(s). Envelope and gum flap must be of sufficient strength to guarantee delivery to the taxpayer with its contents intact. The West Virginia State Tax Department return mail address is to be printed in black ink in the upper left corner. The words **IMPORTANT TAX DOCUMENTS ENCLOSED** are to be printed on the face of the outside mailing envelope in the area above the window.

PRINTING SPECIFICATIONS FOR FORM WV/IT-101, EMPLOYER'S RETURN OF WEST VIRGINIA INCOME TAX WITHHELD.

Revised 1/08

Although we provide specifications for this form, there may have been some deviation from these specifications in past versions. Vendor must match layout to the existing version. See sample provided.

SIZE: Detached return measuring 8 ¼"W x 3 ½" H. Addressing area to be 3 1/8" W x 1 ½" H. Perforation is allowed only on the left side of return.

BARCODE: The face of the return must have a barcode affixed vertically on the right side. Vendor will be assigned their own unique barcode.

Barcode 39eHR, point size 26
Barcode size must be ½" x 2 ½"
Barcode must be surrounded by ¼" white space
Barcode must start and end with an asterisk

PAPER STOCK (WEIGHT): Paper stock is to be WHITE 24-POUND OCR BOND PAPER. Reflectance must be 70% magnesium oxide or greater in the visible range CIE photopic response. The caliper thickness of the paper must be either .004 or .005. Foreign matter is not to exceed 10 ppm. Opacity cannot be less than 60%. Rag content must be less than 25%. Paper that is highly oil or grease resistant is unacceptable as is paper subject to curl. Paper stock must be approved by the Internal Auditing Division.

INK: Text on return is to be printed in black ink with the exception of CERTAIN specified text and areas printed with dropout ink. All ink used must be free of MICRINK PROPERTIES The dropout ink must be MSP 73517 RED, a close match to PMS 199

RED with no MICRINK properties. Ink shades must be approved by the Internal Auditing Division. The text location must match the sample return enclosed. **Before final printing, samples of all ink on the same paper that will be used in the printing process must be submitted for approval to the Internal Auditing Division.** The dropout ink must be clearly visible to the user of the forms.

Place a ¼" square box (black ink) on the right side of form above the last row of red boxes, directly above the work "BELOW"

On right side of form "PLEASE PRINT CHARACTERS LIKE SAMPLE BELOW" and boxes around sample of characters are to be printed in dropout ink (**full strength**).

RESPONSE BOXES: (Boxes printed on the return in which the user is to write their numbers.)

Size: Each box in the response area must be .250" high and .200" wide. These dimensions are measured from the center of one wall to the center of the other. The thickness of the wall boundary must be .020 +/- .003". The minimum (non-dropout) test distance from the response box is .100". The horizontal distance between response boxes must be .030"

Because of the low level PCS dropout color, broader borders must be printed around all response boxes using the same PCS level as indicated for each line on the return.

Decimal Point diameter is (.030 to .050) inches **round**.

The PCS color level for boxes, commas, and decimal on lines 1 through 5 must be the true dropout color (full strength).

Response boxes and commas on line 6 are to be printed using a PCS color level of (.10 +/- .02). On line 6 (Total Remittance), use the same dropout color to print a dollar symbol (\$) in front of the first response box and for printing the round decimal. **The PCS color level of the dollar symbol (\$) and the decimal must be full strength.**

Dollar symbol (\$) is to be printed in OCR B font, point size 16. The dollar symbol can only contain one vertical bar and the stroke thickness of the vertical bar must be at least .013" in width.

In order to ensure consistency for our imaging and scanning equipment, the location of the response boxes, commas, dollar symbol (\$), decimal points and scan line is very important.

IMAGING: The front of each coupon is to be imaged using either a laser or impact printer. All imaging is to be done in an **OCR A Font** using black ink with **no magnetic characteristics**. Image spacing: 10 characters per inch, 6 lines per inch.

Address Area (located on left side of return):

(1 & 2) Period ended date and due date is to be entered on the line space provided and centered directly below the headings for each.

Example "00-00-00".

- (3) Employer's Identification Number, and filing status. Example: 0000-0000 M.
- (4) Employer's name (business name)
- (5) Employer's name (business name)
- (6 through 8) Address

PRINTING SPECIFICATIONS FOR WV/IT-103, ANNUAL RECONCILIATION

Revised 1/08

Vendor must match layout to the existing version.

SIZE: Detached form measures 8 ¼"W x 3 ½" H.

PAPER: White 24lb. OCR grade paper.

INK: Black. Return has 3/8" **lightly shaded green** stripe across top. Ink shade to be selected by the Internal Auditing Division.

BARCODE: This form will be assigned its own unique barcode Barcode is to be placed vertically on the extreme right of this form.

Barcode 39eHR; point size 26

Barcode sizes must be ½: x 2 ½"

Barcode must be surrounded by ¼" white space

Barcode must start and end with an asterick

ADDRESS AREA to be 3 ½" W x 1 ½" H. Forms to be inserted in booklets are to be imaged in this area with Employer's Identification Number, Name and Address.

Vendor is required to image calendar year which booklet covers in the upper right corner of this form centered below the words **CALENDAR YEAR** on form to be inserted in booklet.

OTHER SPECIFICATIONS

USE OF COMPUTER GENERATED INFORMATION

Files with data in ASCII fixed length file, with file layout, will be furnished to the successful vendor containing the information necessary for imaging. Any other use of the information contained in these files, conversions, or copies thereof is strictly prohibited.

Receipt of Computer Generated Information.

Electronic files will be sent to the Vendor via FTP within the specified date ranges. The Vendor **MUST** have a secure FTP site available for all file transmissions.

INITIAL DISTRIBUTION OF BOOKLETS:

Approximately 60,000 booklets are to be delivered to the post office for mailing as follows:

- (a) Approximately 25,000 Monthly Coupon Booklets are to be delivered for mailing on January 3, 2008.
- (b) Approximately 28,000 Quarterly Coupon Booklets are to be delivered for mailing January 3, 2008.
- (c) Approximately 7,000 Annual Coupon Booklets are to be mailed on December 1, 2008.
- (d) Monthly Updates of **both** Monthly and Quarterly Coupon Booklets are to be mailed by the 15th day of each month.
- (e) Under no circumstances are the booklets to be mailed without approval of the West Virginia State Tax Department. Postage will be paid by the West Virginia State Tax Department.
- (f) Loose cut forms WV/IT-101 and WV/IT-103 are to be packaged separately in clear wrap in lots of 500 and boxed in cartons weighing less than forty (40) pounds. Each carton must be clearly marked as to purchase order number, form number And quantity.
- (g) Loose cut forms WV/IT-101 and WV/IT-3 are to be shipped (F.O B destination, inside delivery) no later than December 28, 2007, to The West Virginia State Tax Department, 1315 Hansford Street, Charleston, West Virginia, 25301 Vendor is required to pay all shipping costs associated with this shipment.
- (h) Postal receipts for Coupon Booklets showing date and quantity of booklets mailed must accompany all invoices. All correspondence and invoices must have the West Virginia State Tax Department purchase order and form number.

BULK RATE PERMIT

Successful vendor must obtain a company bulk rate permit in the post office nearest its factory for accepting and mailing booklets. The West Virginia State Tax Department has permit #1180 in Charleston, West Virginia post office (zip code 25301) on which to base the application for the company permit. The cost of the permit and any charges associated with it are to be itemized and included as item #6 of this bid. Note that actual postage required to mail the booklets will be paid by the West Virginia State Tax Department, and it is not to be included anywhere in this bid.

UPDATE MAILINGS

Vendor will be required to print and mail monthly and quarterly booklets to updated accounts on a monthly basis. There will be an approximate minimum of 250 booklets and a maximum of 1,000 booklets to be mailed monthly. The West Virginia State Tax Department will furnish electronic file each month containing information needed for imaging. **Booklets are to contain only the number of coupons (returns) specified on each file received.**

According to West Virginia State Code 5A-3-4(8), the successful bidder agrees that liquidated damages shall be imposed at the rate of \$1,000.00 per day for failure to provide deliverables, meet goals identified to keep the project on target or failure to meet specified deadlines. This clause shall in no way be considered exclusive and shall not limit the State of West Virginia or the State Tax Department's right to pursue any other additional remedy to which the State of West Virginia or the State Tax Department may have legal cause for action including further damages and penalties against the successful bidder.

SAMPLE TEST DOCUMENTS

The West Virginia State Tax Department will provide successful vendor with a test file, identical in format to the expected production file, not later than December 1, 2007. Successful vendor is to supply the West Virginia State Tax Department with at least 50 sample test documents imaged from the data on the test file. Test Documents are to be identical in makeup to the final production output. The Department must approve these test documents prior to the initial mailing.

Successful vendor must meet with Lola Flint of the Internal Auditing Division to receive and discuss "final copy". Ms. Flint can be reached at telephone number (304) 558-8644. Office address is 1001 Lee Street East, Charleston, West Virginia, 25301. THE WEST VIRGINIA STATE TAX DEPARTMENT RESERVES THE RIGHT TO MAKE ANY CHANGES OR CORRECTIONS TO PROOFS BEFORE FINAL APPROVAL WITHOUT COST TO THE DEPARTMENT.

PROOFS

Successful vendor is to provide three (3) sets of proofs. The West Virginia State Tax Department will return one set of proofs, with approval or required corrections, within five working days of receipt.

All negatives, plates and camera-ready material shall become the property of the State of West Virginia and shall be presented to the West Virginia State Tax Department when printing is completed.

Overruns will be accepted but not paid for. UNDERRUNS ARE NOT ACCEPTABLE.

Any correspondence and all invoices must include the West Virginia State Tax department purchase order and form number; invoices must be mailed to: West Virginia State Tax Department, Procurement, P.O. Box 2389, Charleston, West Virginia 25328-2389.

SUB-CONTRACTING CLAUSE

If vendor intends to sub-contract any part of this contract, he must so indicate and inform the Purchasing Division at the time of this bid. The West Virginia State Tax Department and the Department of Administration reserve the right to reject any proposed sub-contracting. If sub-contracting does occur, the bidding vendor remains responsible for meeting the requirements of this bid through the sub-contractor.

PENALTY CLAUSE

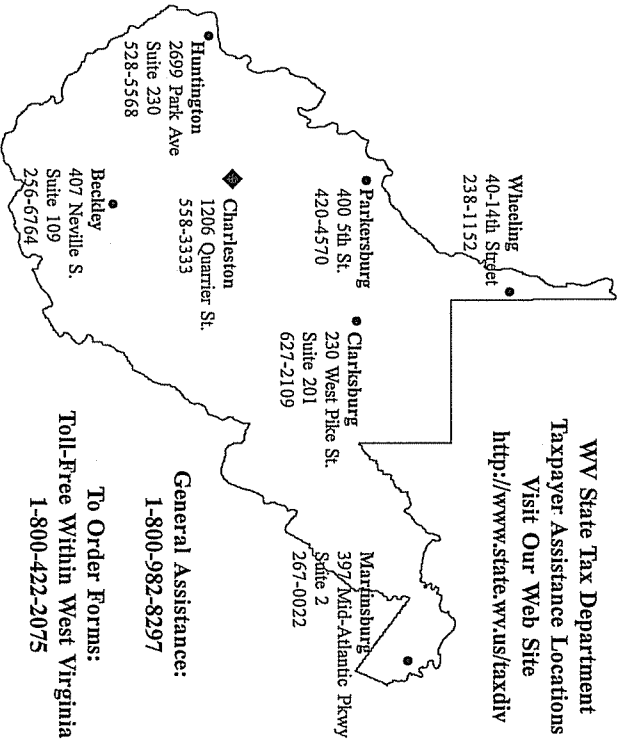
According to West Virginia State Code §5A-3-4(8), the successful bidder agrees that liquidated damages shall be imposed at the rate of \$1,000.00 per day for failure to provide deliverables, meet goals identified to keep the project on target or failure to meet specified deadlines. This clause shall in no way be considered exclusive and shall not limit the State of WV or the State Tax Department's right to pursue any other additional remedy to which the State of WV or the State Tax Department may have legal cause for action including further damages and penalties against the successful bidder.

Item # 1



WEST VIRGINIA STATE TAX DEPARTMENT
INTERNAL AUDITING DIVISION
PO Box 1667
CHARLESTON, WV 25326-1667

MONTHLY
WITHHOLDING PAYMENT FORMS
2008



WV State Tax Department
 Taxpayer Assistance Locations
 Visit Our Web Site
<http://www.state.wv.us/taxdiv>

-KEEP THIS BOOK-

(Records must be maintained to substantiate amounts on returns.)

THIS BOOK CONTAINS YOUR EMPLOYER'S RETURN OF WEST VIRGINIA INCOME TAX WITHHELD AND ANNUAL RECONCILIATION.

INSTRUCTIONS for preparing returns and reconciliation.

EMPLOYER'S CHANGE ORDER

Please record payments on the inside back cover.

Period covered is preprinted on each return. Use the correct return for each period.

To ensure proper credit, please **DO NOT** fold or staple returns.

SEE INSTRUCTIONS

To Order Forms:
 Toll-Free Within West Virginia
 1-800-422-2075

General Assistance:
 1-800-982-8297



Examine these documents and check them for accuracy and completeness. Report any error to the Internal Auditing Division.

ACCOUNT NUMBER CHANGE

Your employer's withholding tax account number has been changed. Your new number consists of eight digits (0000-0000). This individual tax account number will be on all documentation issued from the State Tax Department pertaining to Withholding Tax. This change is being made to protect Customer confidential-identification number(s). The Customer account number remains the Federal Employer Identification Number.

If you are paying withholding electronically, continue using the twelve (12) digit account number assigned to you until further notice.



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FILING EMPLOYER'S RETURNS AND PAYMENT OF TAX DUE

Employers subject to withholding must file Form WV/IT-101, Employer's Return of West Virginia Income Tax Withheld, and remit the full amount of withheld taxes to the Internal Auditing Division on or before the respective due date.

The amount listed as withheld on your Employer's Return and remittance must reflect the rounding of cents to the nearest whole dollar. See withholding tables (wage bracket and percentage methods) Form WV/IT-100.1.

Electronic Funds Transfer (EFT) Mandatory for some employers - Any Employer making an individual withholding payment of \$100,000 or more is required to make all their withholding payments by EFT. Annual notification will be made to those employers affected by the mandatory electronic payment requirement.

You may register for EFT filing online. e-file and pay your West Virginia Income Tax Withheld in one step. Visit www.state.wv.us/taxdly and select electronic services option. EFT filing is voluntary for all other employers. Paper returns are required unless you are filing online. Mail returns to: WV STATE TAX DEPARTMENT, RD-EFT, PO BOX 11895, CHARLESTON, WV 25339-1895.

Monthly Return - Employers who withhold \$250.00 or more per month are required to file a monthly return. The due date for filing a monthly return is on or before the 20th day of the succeeding month, except for the month of December which is due on or before the 31st day of January.

Quarterly Return - Employers who withhold less than \$250.00 per month are required to file a quarterly return. The due date for filing quarterly returns are: April 30th, July 31st, October 31st and January 31st.

Annual Return - The Tax Commissioner may permit an employer to file an annual return if the employer withholds less than \$150.00 per quarter and the total for the calendar year is expected to be less than \$600.00. The due date for filing an annual return is January 31st of the succeeding year.

If you have been granted permission to file on an annual basis and the amount of State Income Tax withheld exceeds the amounts listed above but is less than \$250.00 per month, you are required to file on a quarterly basis.

CORRECTIONS

Over or under withholding should be reported as follows:

Line 2 of Form WV/IT-101 may be used in adjusting an overpayment or underpayment for a previous period.

- (1) If the error is discovered in a subsequent month of the same calendar year, adjust wage or salary payments in that month.
- (2) If the error is discovered after the close of the calendar year, notify the West Virginia State Tax Department, Internal Auditing Division.
- (3) If an error is made on Form WV/IT-101 by the employer, a credit or additional payment should be made on the succeeding return.

END OF YEAR RECONCILIATION AND WITHHOLDING TAX STATEMENTS (W-2's).

No later than February 28th of the succeeding year employers must transmit Form WV/IT-103, Annual Reconciliation of West Virginia Income Tax Withheld (only one copy required), together with the state copy of all W-2's furnished to employees for the preceding year. Effective January 1, 2006, any employer required to file a withholding return (W-2) for 250 or more employees must file all wage and tax data by magnetic media. Failure to do so can result in an assessment of penalty in the amount of \$25.00 per employee for whom the return was not filed magnetically.

Magnetic media filing of wage and tax data is voluntary for employers with less than 250 employees.

Form WV/IT-105, Magnetic Media Reporting Specifications, is available online at www.tax.state.wv.us/taxdiv (select forms for Business Tax). For further information contact the Internal Auditing Division, Withholding Unit.

EMPLOYER'S CHANGE ORDER

Please use this form to report any corrections or changes in the employer's identification number, business name, address; *to request a change in filing status; or to notify the Department that you are no longer liable for West Virginia Income Tax Withholding.

*It is the Employer's responsibility to file returns and remit payment of State Income Tax Withheld according to established guidelines. You are to notify the Internal Auditing Division if it becomes necessary to change your filing frequency during the year. Your records will be adjusted accordingly and, if necessary, additional forms will be issued.

**LACK OF FORMS IS NOT A VALID EXCUSE
FOR FAILURE TO FILE A RETURN.**

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EMPLOYER'S WITHHOLDING CHANGE ORDER

Employer's Identification Number
as listed with West Virginia -

***** INDICATE CHANGES ONLY *****

FEIN (WV State ID# if different)
attach explanation

Filing Status Quarterly to Monthly
 Annual to Quarterly

Business Name

Employer's Name (if different)

Address

City

State

Zip Code

If you are no longer liable for West Virginia withholding tax, check explanation below:

- Business Sold Date effective _____ Business permanently discontinued Date effective _____
 - Ceased paying wages Date effective _____ Other - Specify: _____
- Date _____ Signature _____



INSTRUCTIONS

IF THERE HAS BEEN A CHANGE IN YOUR BUSINESS AS INDICATED ON THE FRONT OF THIS FORM, PLEASE FILL OUT THIS FORM CHECKING THE APPROPRIATE BOX(ES).

ANY CHANGES INDICATED ON THIS FORM WILL BE REFLECTED IN OUR RECORDS AND ALL PAYMENTS WILL BE PROPERLY CREDITED TO YOUR ACCOUNT. YOU WILL NOT RECEIVE A NEW COUPON BOOK UNTIL THE NEXT ANNUAL DISTRIBUTION. DO NOT ALTER YOUR TAX RETURN INDICATING ANY CHANGES. IF YOU SELL YOUR BUSINESS, THE NEW OWNER IS NOT TO USE THE REMAINING RETURNS AS THE PAYMENTS WILL NOT BE PROPERLY CREDITED.

MAIL TO:
WV STATE TAX DEPARTMENT
INTERNAL AUDITING DIVISION
PO BOX 1667
CHARLESTON WV 25326-1667



1 week per week

Parade will be assigned

ANNULAR RINGING PERMITS
INTERNAL AFFAIRS DIVISION, P.O. BOX 2943
ALBANY, NY 12212-0294

| DEPARTMENT | SECTION | CHIEF | PERIOD | PERIOD | PERIOD | PERIOD | PERIOD |
|------------|---------|-------|--------|--------|--------|--------|--------|
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STATE OF NEW YORK
DEPARTMENT OF TAXATION AND FINANCE

DO NOT SEND PAYMENT WITH THIS FORM
UNLESS YOU ARE REQUESTING A REFUND OF TAXES
PAID IN PREVIOUS YEARS. IF YOU ARE REQUESTING A REFUND, ATTACH
FORMS AND DOCUMENTS SUPPORTING YOUR CLAIM.

4-700 (REV. 10/01)

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EMPLOYER'S RECORD OF PAYMENT - FORM WV/TT-101

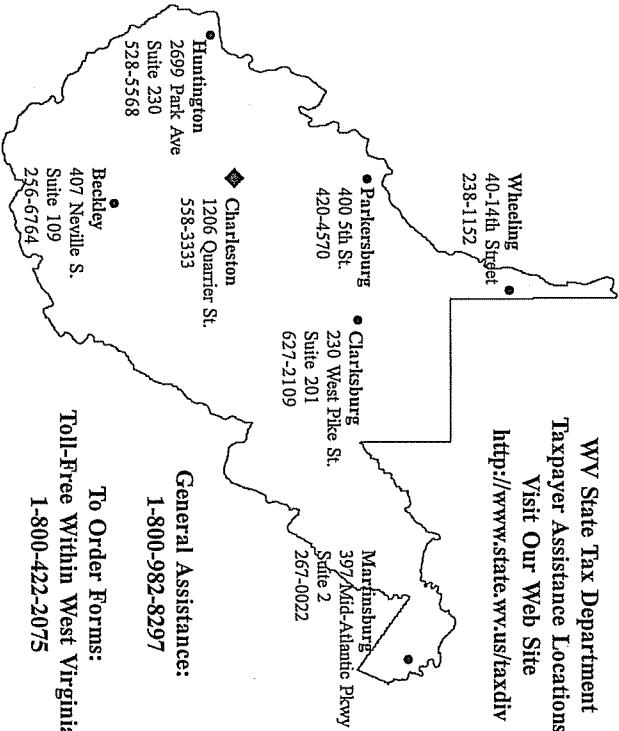
| <i>MONTH</i> | <i>AMOUNT WITHHELD</i> | <i>ADJ FOR PRIOR PERIOD</i> | <i>AMOUNT DUE</i> |
|--|------------------------|-----------------------------|-------------------|
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |
| TOTALS | | | |
| <i>RECORD FOR RECONCILIATION - FORM WV/TT-103</i> | | | |
| Number of Withholding Tax Statements Transmitted | | | |
| Total West Virginia Income Tax Shown as Withheld By All Statements Transmitted | | | \$ |

Item # 2



WEST VIRGINIA STATE TAX DEPARTMENT
INTERNAL AUDITING DIVISION
PO Box 1667
CHARLESTON, WV 25326-1667

QUARTERLY
WITHHOLDING PAYMENT FORMS
2008



-KEEP THIS BOOK-

(Records must be maintained to substantiate amounts on returns.)

THIS BOOK CONTAINS YOUR EMPLOYER'S RETURN OF WEST VIRGINIA INCOME TAX WITHHELD AND ANNUAL RECONCILIATION.

INSTRUCTIONS for preparing returns and reconciliation.

EMPLOYER'S CHANGE ORDER

Please record payments on the inside back cover.

Period covered is preprinted on each return. Use the correct return for each period.

To ensure proper credit, please **DO NOT** fold or staple returns.

SEE INSTRUCTIONS

Examine these documents and check them for accuracy and completeness. Report any error to the Internal Auditing Division.

ACCOUNT NUMBER CHANGE

Your employer's withholding tax account number has been changed. Your new number consists of eight digits (0000-0000). This individual tax account number will be on all documentation issued from the State Tax Department pertaining to Withholding Tax. This change is being made to protect Customer confidential-identification number(s). The Customer account number remains the Federal Employer Identification Number.

If you are paying withholding electronically, continue using the twelve (12) digit account number assigned to you until further notice.

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FILING EMPLOYER'S RETURNS AND PAYMENT OF TAX DUE

Employers subject to withholding must file Form WV/IT-101, Employer's Return of West Virginia Income Tax Withheld, and remit the full amount of withheld taxes to the Internal Auditing Division on or before the respective due date.

The amount listed as withheld on your Employer's Return and remittance must reflect the rounding of cents to the nearest whole dollar. See withholding tables (wage bracket and percentage methods) Form WV/IT-100.1.

Electronic Funds Transfer (EFT) Mandatory for some employers - Any Employer making an individual withholding payment of \$100,000 or more is required to make all their withholding payments by EFT. Annual notification will be made to those employers affected by the mandatory electronic payment requirement.

You may register for EFT filing online, e-file and pay your West Virginia Income Tax Withheld in one step. Visit www.state.wv.us/taxdiv and select electronic services option. EFT filing is voluntary for all other employers. Paper returns are required unless you are filing online. Mail returns to: WV STATE TAX DEPARTMENT, RD-EFT, PO BOX 11895, CHARLESTON, WV 25339-1895.

Monthly Return - Employers who withhold \$250.00 or more per month are required to file a monthly return. The due date for filing a monthly return is on or before the 20th day of the succeeding month, except for the month of December which is due on or before the 31st day of January.

Quarterly Return - Employers who withhold less than \$250.00 per month are required to file a quarterly return. The due date for filing quarterly returns are: April 30th, July 31st, October 31st and January 31st.

Annual Return - The Tax Commissioner may permit an employer to file an annual return if the employer withholds less than \$150.00 per quarter and the total for the calendar year is expected to be less than \$600.00. The due date for filing an annual return is January 31st of the succeeding year.

If you have been granted permission to file on an annual basis and the amount of State Income Tax withheld exceeds the amounts listed above but is less than \$250.00 per month, you are required to file on a quarterly basis.

CORRECTIONS

Over or under withholding should be reported as follows:

Line 2 of Form WV/IT-101 may be used in adjusting an overpayment or underpayment for a previous period.

- (1) If the error is discovered in a subsequent month of the same calendar year, adjust wage or salary payments in that month.
- (2) If the error is discovered after the close of the calendar year, notify the West Virginia State Tax Department, Internal Auditing Division.
- (3) If an error is made on Form WV/IT-101 by the employer, a credit or additional payment should be made on the succeeding return.

END OF YEAR RECONCILIATION AND WITHHOLDING TAX STATEMENTS (W-2's).

No later than February 28th of the succeeding year employers must transmit Form WV/IT-103, Annual Reconciliation of West Virginia Income Tax Withheld (only one copy required), together with the state copy of all W-2's furnished to employees for the preceding year. Effective January 1, 2006, any employer required to file a withholding return (W-2) for 250 or more employees must file all wage and tax data by magnetic media. Failure to do so can result in an assessment of penalty in the amount of \$25.00 per employee for whom the return was not filed magnetically.

Magnetic media filing of wage and tax data is voluntary for employers with less than 250 employees.

Form WV/IT-105, Magnetic Media Reporting Specifications, is available online at www.tax.state.wv.us/taxdiv (select forms for Business Tax). For further information contact the Internal Auditing Division, Withholding Unit.

EMPLOYER'S CHANGE ORDER

Please use this form to report any corrections or changes in the employer's identification number, business name, address; *to request a change in filing status; or to notify the Department that you are no longer liable for West Virginia Income Tax Withholding.

*It is the Employer's responsibility to file returns and remit payment of State Income Tax Withheld according to established guidelines. You are to notify the Internal Auditing Division if it becomes necessary to change your filing frequency during the year. Your records will be adjusted accordingly and, if necessary, additional forms will be issued.

**LACK OF FORMS IS NOT A VALID EXCUSE
FOR FAILURE TO FILE A RETURN.**

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EMPLOYER'S WITHHOLDING CHANGE ORDER

Employer's Identification Number
as listed with West Virginia -

***** INDICATE CHANGES ONLY *****

FEIN (WV State ID# if different)
attach explanation

Filing Status Quarterly to Monthly
 Annual to Quarterly

Business Name

Employer's Name (if different)

Address

City

State

Zip Code

If you are no longer liable for West Virginia withholding tax, check explanation below:

Business Sold Date effective _____

Business permanently discontinued Date effective _____

Ceased paying wages Date effective _____

Other - Specify: _____

Date

Signature

INSTRUCTIONS

IF THERE HAS BEEN A CHANGE IN YOUR BUSINESS AS INDICATED ON THE FRONT OF THIS FORM, PLEASE FILL OUT THIS FORM CHECKING THE APPROPRIATE BOX(ES).

ANY CHANGES INDICATED ON THIS FORM WILL BE REFLECTED IN OUR RECORDS AND ALL PAYMENTS WILL BE PROPERLY CREDITED TO YOUR ACCOUNT. YOU WILL NOT RECEIVE A NEW COUPON BOOK UNTIL THE NEXT ANNUAL DISTRIBUTION. DO NOT ALTER YOUR TAX RETURN INDICATING ANY CHANGES. IF YOU SELL YOUR BUSINESS, THE NEW OWNER IS NOT TO USE THE REMAINING RETURNS AS THE PAYMENTS WILL NOT BE PROPERLY CREDITED.

MAIL TO:

WV STATE TAX DEPARTMENT
INTERNAL AUDITING DIVISION
PO BOX 1667
CHARLESTON WV 25326-1667

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EMPLOYER'S RECORD OF PAYMENT - FORM WV/IT-101

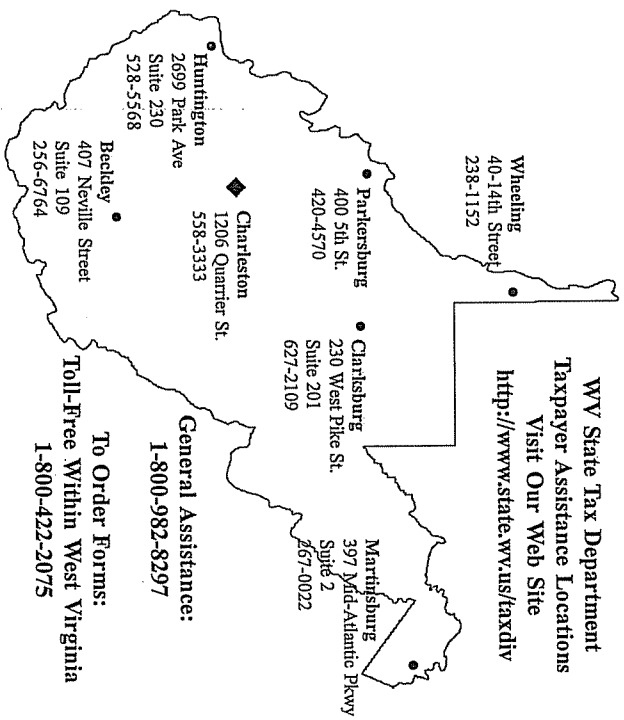
| <i>QUARTER ENDING</i> | <i>AMOUNT WITHHELD</i> | <i>ADJ FOR PRIOR PERIOD</i> | <i>AMOUNT DUE</i> |
|---|------------------------|-----------------------------|-------------------|
| March 31 | | | |
| June 30 | | | |
| September 30 | | | |
| December 31 | | | |
| TOTALS | | | |
| RECORD FOR RECONCILIATION - FORM WV/IT-103 | | | |
| Number of Withholding Tax Statements Transmitted | | | |
| Total WV Income Tax Shown As Withheld By All Statements Transmitted | | | \$ |

Item # 3



WEST VIRGINIA STATE TAX DEPARTMENT
INTERNAL AUDITING DIVISION
PO Box 1667
CHARLESTON, WV 25326-1667

ANNUAL
WITHHOLDING PAYMENT FORMS
2008



-KEEP THIS BOOK-

(Records must be maintained to substantiate amounts on returns.)

THIS BOOK CONTAINS YOUR EMPLOYER'S RETURN OF WEST VIRGINIA INCOME TAX WITHHELD AND ANNUAL RECONCILIATION.

INSTRUCTIONS for preparing returns and reconciliation.

EMPLOYER'S CHANGE ORDER

Please record payments on the inside back cover.

Period covered is preprinted on each return. Use the correct return for each period.

To ensure proper credit, please **DO NOT** fold or staple returns.

SEE INSTRUCTIONS

Examine these documents and check them for accuracy and completeness. Report any error to the Internal Auditing Division.

ACCOUNT NUMBER CHANGE

Your employer's withholding tax account number has been changed. Your new number consists of eight digits (0000-0000). This individual tax account number will be on all documentation issued from the State Tax Department pertaining to Withholding Tax. This change is being made to protect Customer confidential-identification number(s). The Customer account number remains the Federal Employer Identification Number.

If you are paying withholding electronically, continue using the twelve (12) digit account number assigned to you until further notice.

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FILING EMPLOYERS' RETURNS AND PAYMENT OF TAX DUE

Employers subject to withholding must file Form WV/IT-101, Employer's Return of West Virginia Income Tax Withheld, and remit the full amount of withheld taxes to the Internal Auditing Division on or before the respective due date.

The amount listed as withheld on your Employer's Return and remittance must reflect the rounding of cents to the nearest whole dollar. See withholding tables (wage bracket and percentage methods) Form WV/IT-100.1.

Electronic Funds Transfer (EFT) Mandatory for some employers - Any Employer making an individual withholding payment of \$100,000 or more is required to make all their withholding payments by EFT. Annual notification will be made to those employers affected by the mandatory electronic payment requirement.

You may register for EFT filing online. **e-file** and pay your West Virginia Income Tax Withheld in one step. Visit www.state.wv.us/taxdiv and select electronic services option. EFT filing is voluntary for all other employers. **Paper returns are required unless you are filing online. Mail returns to: WV STATE TAX DEPARTMENT, RD-EFT, PO BOX 11895, CHARLESTON, WV 25339-1895.**

Monthly Return - Employers who withhold \$250.00 or more per month are required to file a monthly return. The due date for filing a monthly return is on or before the 20th day of the succeeding month, except for the month of December which is due on or before the 31st day of January.

Quarterly Return - Employers who withhold less than \$250.00 per month are required to file a quarterly return. The due date for filing quarterly returns are: April 30th, July 31st, October 31st and January 31st.

Annual Return - The Tax Commissioner may permit an employer to file an annual return if the employer withholds less than \$150.00 per quarter and the total for the calendar year is expected to be less than \$600.00. The due date for filing an annual return is January 31st of the succeeding year.

If you have been granted permission to file on an annual basis and the amount of State Income Tax withheld exceeds the amounts listed above but is less than \$250.00 per month, you are required to file on a quarterly basis.

CORRECTIONS

Over or under withholding should be reported as follows:

Line 2 of Form WV/IT-101 may be used in adjusting an overpayment or underpayment for a previous period.

- (1) If the error is discovered in a subsequent month of the same calendar year, adjust wage or salary payments in that month.
- (2) If the error is discovered after the close of the calendar year, notify the West Virginia State Tax Department, Internal Auditing Division.
- (3) If an error is made on Form WV/IT-101 by the employer, a credit or additional payment should be made on the succeeding return.

END OF YEAR RECONCILIATION AND WITHHOLDING TAX STATEMENTS (W-2's).

No later than February 28th of the succeeding year employers must transmit Form WV/IT-103, Annual Reconciliation of West Virginia Income Tax Withheld (only one copy required), together with the state copy of all W-2's furnished to employees for the preceding year. Effective January 1, 2006, any employer required to file a withholding return (W-2) for 250 or more employees must file all wage and tax data by magnetic media. Failure to do so can result in an assessment of penalty in the amount of \$25.00 per employee for whom the return was not filed magnetically.

Magnetic media filing of wage and tax data is voluntary for employers with less than 250 employees.

Form WV/IT-105, Magnetic Media Reporting Specifications, is available online at www.tax.state.wv.us/taxdiv (select forms for Business Tax). For further information contact the Internal Auditing Division, Withholding Unit.

EMPLOYER'S CHANGE ORDER

Please use this form to report any corrections or changes in the employer's identification number, business name, address; *to request a change in filing status; or to notify the Department that you are no longer liable for West Virginia Income Tax Withholding.

*It is the Employer's responsibility to file returns and remit payment of State Income Tax Withheld according to established guidelines. You are to notify the Internal Auditing Division if it becomes necessary to change your filing frequency during the year. Your records will be adjusted accordingly and, if necessary, additional forms will be issued.

**LACK OF FORMS IS NOT A VALID EXCUSE
FOR FAILURE TO FILE A RETURN.**

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EMPLOYER'S WITHHOLDING CHANGE ORDER

Employer's Identification Number
as listed with West Virginia -

* * * * **INDICATE CHANGES ONLY** * * * *

FEIN (WV State ID# if different)
attach explanation

| | |
|---------------|---|
| Filing Status | <input type="checkbox"/> Quarterly to Monthly |
| | <input type="checkbox"/> Annual to Quarterly |

Business Name

Employer's Name (if different)

Address

City

State

Zip Code

If you are no longer liable for West Virginia withholding tax, check explanation below:

- Business Sold Date effective _____ Business permanently discontinued Date effective _____
 - Ceased paying wages Date effective _____ Other - Specify: _____
- Date _____ Signature _____

INSTRUCTIONS

IF THERE HAS BEEN A CHANGE IN YOUR BUSINESS AS INDICATED ON THE FRONT OF THIS FORM, PLEASE FILL OUT THIS FORM CHECKING THE APPROPRIATE BOX(ES).

ANY CHANGES INDICATED ON THIS FORM WILL BE REFLECTED IN OUR RECORDS AND ALL PAYMENTS WILL BE PROPERLY CREDITED TO YOUR ACCOUNT. YOU WILL NOT RECEIVE A NEW COUPON BOOK UNTIL THE NEXT ANNUAL DISTRIBUTION. DO NOT ALTER YOUR TAX RETURN INDICATING ANY CHANGES. IF YOU SELL YOUR BUSINESS, THE NEW OWNER IS NOT TO USE THE REMAINING RETURNS AS THE PAYMENTS WILL NOT BE PROPERLY CREDITED.

MAIL TO:

WV STATE TAX DEPARTMENT
INTERNAL AUDITING DIVISION
PO BOX 1667
CHARLESTON WV 25326-1667

Check your bank of Barcard will be assigned

WV STATE TAX DEPARTMENT

XXXXXX R. 01/08

PO BOX 111111
 ON OR BEFORE FEBRUARY 28

INTERNAL SECURITY DIVISION, P.O. BOX 2804
 17401 HUNTINGTON, WV 25938-2804

2008 TAX YEAR

| DEBIT OR CREDIT | AMOUNT | DATE | DESCRIPTION | ACCOUNT NO. | DATE |
|-----------------|--------|------|-------------|-------------|------|
| \$ | \$ | | | | |
| \$ | \$ | | | | |
| \$ | \$ | | | | |
| \$ | \$ | | | | |

NAME OF THE INSTITUTION, STREET AND ADDRESS

AGENCY OR FINANCIAL INSTITUTION
 DIVISIONS OF THE STATE

TOTAL TAX WITHHELD FOR 2008
 STATEMENTS TO BE FILED

DO NOT SEND PAYMENT WITH THIS FORM
 RETURN TO THE STATE TAX DEPARTMENT FOR THE
 2008 TAX YEAR. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 304-251-3000.

ACTING DIRECTOR

DATE

[Redacted box]

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EMPLOYER'S RECORD OF PAYMENT - FORM WV/IT-101

| <i>ANNUAL</i> | <i>AMOUNT WITHHELD</i> | <i>ADJ FOR PRIOR PERIOD</i> | <i>AMOUNT DUE</i> |
|---|------------------------|-----------------------------|-------------------|
| December 31 | | | |
| TOTALS | | | |
| RECORD FOR RECONCILIATION - FORM WV/IT-103 | | | |
| Number of Withholding Tax Statements Transmitted | | | |
| Total WV Income Tax Shown As Withheld By All Statements Transmitted | | | \$ |

WV/IT-101 EMPLOYER'S RETURN OF WEST VIRGINIA INCOME TAX WITHHELD
 (R-01007)
 01/08
 WV STATE TAX DEPARTMENT
 INTERNAL AUDITING DIVISION, P.O. BOX 1667
 CHARLESTON, WV 25326-1667



| PERIOD ENDED | DUE DATE | NO. OF EMPLOYEES AT END OF PERIOD |
|--------------|----------|-----------------------------------|
| | | 0 |

PLEASE PRINT CHARACTERS LIKE SAMPLES BELOW

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|

Signature _____ Date _____
 EMPLOYER'S IDENTIFICATION NUMBER, NAME AND ADDRESS

| | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|--|--|
| 1. TAX WITHHELD THIS PERIOD..... | | | | | | | | | |
| 2. ADJUSTMENTS (PLUS OR MINUS)... | | | | | | | | | |
| 3. TAX DUE THIS PERIOD..... | | | | | | | | | |
| 4. INTEREST..... | | | | | | | | | |
| 5. PENALTY..... | | | | | | | | | |
| 6. TOTAL REMITTANCE..... \$ | | | | | | | | | |

Stem #4



A 1 0 7 0 1 0 2 0 B

WV/IT-103

ANNUAL RECONCILIATION

R-01/02/28

CALENDAR YEAR

TO BE FILED
ON OR BEFORE FEBRUARY 28

WV STATE TAX DEPARTMENT
INTERNAL AUDITING DIVISION, P.O. BOX 3943
CHARLESTON, WV 25339-3943

| WEST VIRGINIA INCOME TAX REPORTED AS WITHHELD DURING THE YEAR | | | |
|---|----------------|---------------|--------------------|
| FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
| \$ | \$ | \$ | \$ |
| | | | TOTAL FOR THE YEAR |

(A)

EMPLOYER'S IDENTIFICATION NUMBER, NAME AND ADDRESS

NUMBER OF WITHHOLDING TAX
STATEMENTS (W-2s) TRANSMITTED

[Empty box for number of statements]

TOTAL WEST VIRGINIA TAX
SHOWN AS WITHHELD BY ALL
STATEMENTS TRANSMITTED

\$ [Empty box for total tax]

(B)

Item # 5

DO NOT SEND PAYMENT WITH THIS FORM

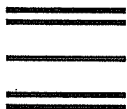
BLOCK (A) AND (B) DIFFERENCE: ATTACH EXPLANATION, IF UNDERPAYMENT,
REMIT SEPARATELY. IF OVERPAYMENT, SUBMIT A REFUND REQUEST IN WRITING.

AUTHORIZED SIGNATURE

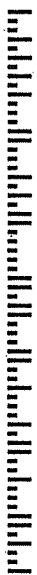
DATE



TD-22
1/00



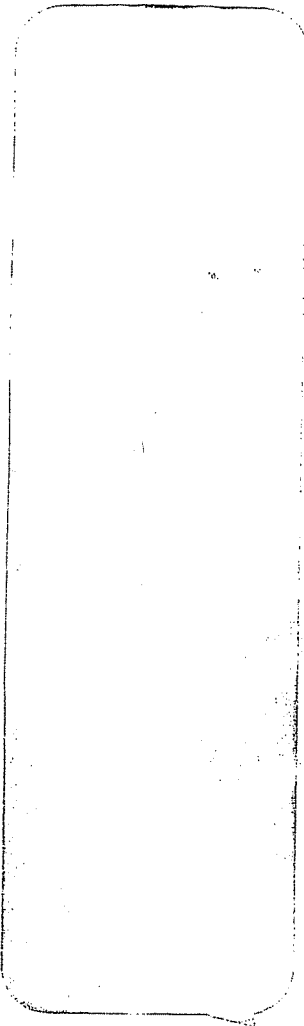
First Class
Postage
Required
Post Office will
not deliver
without proper
postage.



WV STATE TAX DEPARTMENT
INTERNAL AUDITING DIVISION
WITHHOLDING
PO BOX 1667
CHARLESTON WV 25326-1667

West Virginia State Tax Department
Internal Auditing Division
P.O. Box 1667
Charleston, West Virginia 25326-1667

IMPORTANT TAX DOCUMENTS ENCLOSED



PRST. STD
U.S. POSTAGE
PAID
WEST VIRGINIA
STATE TAX
DEPARTMENT