

WV/IT-101V
ORIG 01/09

EMPLOYER'S WEST VIRGINIA INCOME TAX WITHHELD
WV STATE TAX DEPARTMENT
INTERNAL AUDITING DIVISION PO BOX 1667
CHARLESTON WV 25326-1667

PAYMENT VOUCHER

PERIOD ENDING	DUE DATE	NO OF EMPLOYEES AT END OF PERIOD
MM DD YYYY	MM DD YYYY	

ACCOUNT NUMBER _____

NAME

ADDRESS

CITY STATE ZIP

TOTAL REMITTANCE.....

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