

**STATE OF WEST VIRGINIA**  
**State Tax Department, Tax Account Administration Div**  
**P.O. Box 425**  
**Charleston, WV 25322-0425**



Earl Ray Tomblin, Governor

Craig A. Griffith, Tax Commissioner

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account #: \_\_\_\_\_

WV/SEV-401V  
 rtL130 v.5 - Web

**ADDITIONAL TAX ON THE SEVERANCE OF NATURAL RESOURCES**  
**ANNUAL RETURN**

**Beginning January 1, 2010, a penalty will be imposed for underpayment of estimated payments. When you file your annual return, the underpayment penalty will apply to any estimated payments that were not timely filed, even for one day late.**

Period Ending:	Due Date:	Extension Date:																
		<table border="0"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y											
Check if: CONSOLIDATED <input type="checkbox"/>	SEPARATE <input type="checkbox"/>	FINAL <input type="checkbox"/> AMENDED <input type="checkbox"/>																

RESOURCE	TAXABLE AMOUNT	RATE	TAX DUE
1. COAL - Tons for the Year	. 00	0.56	.
2. NATURAL GAS - mcf for the Year	. 00	0.047	.
3. COALBED METHANE - mcf for the Year	. 00	0.00	.
4. TIMBER - Gross \$ for the Year	.	0.0278	.
5. Total Tax (Add lines 1 through 4)			.
6. Payments for the Period Covered by this Return and any Credit from Prior Years (Attach Credit Letter)			.
7. Balance of Tax Due (Line 5 minus Line 6) If Line 6 is greater than Line 5, enter 0 and skip to line 12			.
8. NON-WAIVABLE INTEREST			.
9. ADDITIONS TO TAX			.
10. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX			.
11. TOTAL TAX AND LATE FILING CHARGES DUE (Add Lines 7 through 10)			.
12. Overpayment Amount (Line 6 minus Line 5) If Line 5 is greater than Line 6, enter 0			.
13. Amount of Line 12 to be Credited to Next Year's Tax			.
14. Amount of Line 12 to be Refunded (Line 12 minus Line 13)			.

Under penalties of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, and complete.

(Signature of Taxpayer)	(Name of Taxpayer - Type or Print)	(Title)	(Date)
(Person to Contact Concerning this Return)		(Telephone Number)	
(Signature of preparer other than taxpayer)	(Address)	(Date)	

**MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT**  
**Tax Account Administration Div**  
**P.O. Box 425, Charleston, WV 25322-0425**  
**FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297**  
**For more information visit our web site at: [www.wvtax.gov](http://www.wvtax.gov)**  
**File online at <https://mytaxes.wvtax.gov>**

