



2006

WEST VIRGINIA SCHEDULES H, T and G

(Enclose with Form IT-140 or Form IT-140NR/PY, if necessary)

Print in Black or Blue Ink Only



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NAME(S) SHOWN ON FORM IT-140 or FORM IT-140NR/PY

SOCIAL SECURITY NUMBER

TAXPAYERS WHO ARE DISABLED DURING 2006 REGARDLESS OF AGE

If you are certified by a physician as being permanently and totally disabled during the taxable year 2006, OR you are the surviving spouse of an individual who had been certified disabled and DIED DURING 2006, read the instructions to determine if you qualify for the income reducing modification.

If you qualify, you must (1) enter the name and social security number of the disabled taxpayer in the space provided on this form, (2) have a physician complete the remainder of the certification statement and return it to you, (3) enclose the completed certification with your West Virginia personal income tax return, and (4) complete Schedule M to determine your modification.

A COPY OF YOUR FEDERAL SCHEDULE R (PART II) MAY BE SUBSTITUTED FOR THE WEST VIRGINIA SCHEDULE H.

If you have provided the West Virginia State Tax Department with an approved Certification of Permanent and Total Disability for 1983 through 2005, you may enclose a copy of that certification with your 2006 return to support your income reducing modification PROVIDED THAT YOUR DISABILITY STATUS DID NOT CHANGE FOR 2006. EITHER A COPY OF A PRIOR YEAR CERTIFICATION OR A NEW CERTIFICATION IS REQUIRED TO BE FILED EACH YEAR FOR WHICH THE MODIFICATION IS CLAIMED.

NAME OF DISABLED TAXPAYER

SOCIAL SECURITY NUMBER

I certify under penalties of perjury that the taxpayer named above was permanently and totally disabled on or before December 31, 2006.

PHYSICIAN'S NAME

PHYSICIAN'S ADDRESS

DATE

PHYSICIAN'S SIGNATURE

INSTRUCTIONS TO PHYSICIAN COMPLETING DISABILITY STATEMENT

A person is permanently and totally disabled when he or she is unable to engage in any substantial gainful activity because of a mental or physical condition and that disability has lasted or can be expected to last continuously for at least a year, or can be expected to lead to death. If, in your opinion, the individual named on this statement is permanently and totally disabled during 2006, please certify such by entering your name, address, signature and date in the space provided above and return to the individual.

SCHEDULE H CERTIFICATION OF PERMANENT AND TOTAL DISABILITY

SCHEDULE T TAX COMPUTATION SCHEDULE

Table with 9 rows for tax computation. Columns include line number, description, and amount. Line 1: Federal Alternative Minimum Tax. Line 2: 25% of line 1. Line 3: West Virginia Primary Tax. Line 4: West Virginia Minimum Tax. Line 5: Tentative tax. Line 6: Tax after medical savings account. Line 7: Tax after 20% exemption. Line 8: Total tax. Line 9: Total tax including exemptions.

SCHEDULE G EXEMPTIONS

Table with 3 rows for exemptions. Line 10: Regular exemption (yourself). Line 11: Exemptions for dependent children. Line 12: Exemptions for other dependents. Line 13: Total number of exemptions.



**2006
SCHEDULE L
APPLICATION FOR
EXTENSION OF TIME TO FILE**



Print in Black/
Blue Ink Only

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PRINT OR TYPE	Last Name		Name(if joint return, give first names and initials of both)			Your Social Security Number		
	Present Home Address (number and street, including apartment number or rural route)					Spouse's Social Security Number		
	City or Town		County	State	Zip Code	Daytime Telephone Number		

Check box if address is same as last year

a. Total income tax liability \$ _____ .00

b. Total payments (West Virginia withholding and/or credit for estimated payments) \$ _____ .00

c. Amount of West Virginia personal income tax due (subtract line b from line a)

The amount of tax due is payable with this form. If no tax is due, STOP HERE

\$.00
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MM	DD	YY
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This form is NOT an extension of time to pay personal income taxes due. File this form to request a six-month extension of time to file your 2006 West Virginia personal income tax return (October 15, 2007). **Note:** This form and payment must be filed on or before the due date of the return (April 16, 2007). A penalty is imposed for late filing/late payment of tax unless reasonable cause can be shown. **If you receive an extension of time for federal income tax purposes and expect to owe no West Virginia income tax, you are not required to file this form.** To receive the same extension for state tax purposes, you need only note on your West Virginia personal income tax return that a federal extension was granted. Mail this return to: West Virginia State Tax Department, Internal Auditing Division, P.O. Box 2585, Charleston, WV 25329-2585.