**STATE OF WEST VIRGINIA**
**State Tax Department, Internal Auditing Division**
**P.O. Box 1667**
**Charleston, WV 25326-1667**

**Joe Manchin III, Governor**

**Christopher G. Morris, Tax Commissioner**

Name

Address

City State Zip

# WEST VIRGINIA EMPLOYER'S RETURN OF INCOME TAX WITHHELD

Notice to Employers

Electronic filing is voluntary for employers. Electronic Funds Transfer (EFT) is mandatory for all employers having a monthly withholding liability of $100,000 or more. Annual notifications will be made to those employers affected by the mandatory electronic payment requirement. Paper returns are still required and are to be mailed to the address below.

WV STATE TAX DEPARTMENT
RD-EFT
P.O. BOX 11895
CHARLESTON, WV 25339-1895

Note: You must file this return even if no tax has been withheld for this period.

MAKE CHECKS PAYABLE TO:
WEST VIRGINIA STATE TAX DEPARTMENT
FOR ASSISTANCE CALL: (304) 558-3333
TOLL FREE (800) 982-8297

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
INTERNAL AUDITING DIVISION
P.O. BOX 1667
CHARLESTON, WV 25326-1667

Visit our web site at: www.state.wv.us/taxdiv for on-line filing information.

PLEASE CUT HERE. USE BLUE OR BLACK INK TO COMPLETE VOUCHER. DO NOT WRITE IN BARCODE AREA.

**EMPLOYER'S RETURN OF INCOME TAX WITHHELD**

WV/IT101 v.40

| Period: | Account ID # |
|---|---|
| Due: | |

Name

Address

City State Zip

SIGNATURE DATE

NUMBER OF EMPLOYEES AT END OF PERIOD

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