



STATE OF WEST VIRGINIA
INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

WV-8453

Rev 12/07

For The Year January 1 - December 31, 2007

IRS DCN

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2007

Form with fields: Your first name and initial, Last name, Your Social Security Number, If a joint return, spouse's first name and initial, Last name, if different, Spouse's Social Security Number, Home Address (number and street), Daytime telephone #, City, town or post office, state and ZIP code

Part I Tax Return Information (Whole dollars only)

- 1. Federal Adjusted Gross Income (Form IT-140, Line 1)
2. West Virginia Income Tax (Form IT-140, Line 8)
3. Balance Due (Form IT-140, Line 22)
4. Refund (Form IT-140, Line 27)

Part II Direct Deposit or Electronic Funds Withdrawal (See Instructions)

- 5. Routing transit number (RTN)
6. Depositor account number (DAN)
7. Electronic Funds Withdrawal (Checking Only; No Partial Payments)
8. Type of account: Checking Savings (Direct Deposit Only)

Part III Declaration of Taxpayer

I consent that my refund be directly deposited or my payment due be withdrawn by electronic debit as designated in Part II. I further authorize the State of West Virginia, to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any entries in error into my Checking or Savings account as indicated above in Part II and the Financial Institution indicated above in Part II, to credit the same any amount(s) owed to me by the State of West Virginia.

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my Electronic Return Originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2007 West Virginia income tax return.

Please Sign Here Your signature Date Spouse's signature Date

Part IV Declaration & Signature of Electronic Return Originator (ERO) & Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on Form WV-8453 are complete and correct to the best of my knowledge. (ERO's who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that Form WV-8453 accurately reflects the data on the return.)

Form with fields: ERO's Signature, Firm's name, Date, Check if: Paid Preparer, Self-Employed, Your PTIN/SSN, Phone #, EI No., Zip Code

ERO's are instructed to retain the WV-8453 and all supporting documents for not less than three (3) years.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

Form with fields: Paid Preparer's Signature, Firm's name, Date, Check if: Self-Employed, Preparer's PTIN/SSN, Phone #, EI No., Zip Code

NOTE: Part IV of this form MUST be completed in full as required. ERO's are required to file and hold this document and all attachments for three (3) years from date filed.

DONOT USE SPACE BELOW

STATE OF WEST VIRGINIA