



# 2007 WEST VIRGINIA SCHEDULE H AND SCHEDULE E

Print in Black or Blue Ink Only

Do not send a photocopy of this form. The original form is printed in orange and black ink. Do not write on, staple or punch holes in barcode.

PRIMARY LAST NAME SHOWN ON FORM IT-140

SOCIAL SECURITY NUMBER

Grid for Primary Last Name

Grid for Social Security Number

## TAXPAYERS WHO ARE DISABLED DURING 2007 REGARDLESS OF AGE

If you are certified by a physician as being permanently and totally disabled during the taxable year 2007, OR you are the surviving spouse of an individual who had been certified disabled and DIED DURING 2007, 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 a prior year AND YOUR DISABILITY STATUS DID NOT CHANGE FOR 2007, you do not have to submit this form with your return. However, you must have a copy of your original disability certification should the Department request verification at a later date.

Name of Disabled Taxpayer

Grid for Name of Disabled Taxpayer

Social Security Number

Grid for Social Security Number

I certify under penalties of perjury that the taxpayer named above was permanently and totally disabled on or before December 31, 2007.

Physician's Name

Grid for Physician's Name

MM DD YYYY

Grid for Date

Physician's Street Address

Grid for Physician's Street Address

State

Grid for State

Zip Code

Grid for Zip Code

City or Post Office

Grid for City or Post Office

Physician's FEIN Number

Grid for Physician's FEIN Number

Physician's Signature

Grid for 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 2007, please certify such by entering your name, address, signature, date and FEIN number in the spaces provided above and return to the individual.

### RESIDENCY STATUS

- Resident
- Nonresident - did not maintain a residence in West Virginia during the taxable year (**NO CREDIT IS ALLOWED**).
- Part-Year Resident - maintained a residence in West Virginia for part of the year; check the box which describes your situation and enter the date of your move:
  - moved into West Virginia.
  - moved out of West Virginia, but had West Virginia source income during your nonresident period.
  - moved out of West Virginia and had no West Virginia source income during your nonresident period.

Grid for Date of Move (MM DD YYYY)

### SCHEDULE E CREDIT FOR INCOME TAX PAID TO ANOTHER STATE

75.	Income tax computed on your 2007	STATE ABBREVIATION	75	00
76.	West Virginia total income tax (line 8 of Form IT-140)		76	00
77.	Net income derived from above state included in West Virginia total income		77	00
78.	Total West Virginia income (Residents- Form IT-140, line 4. Part-Year Residents-Schedule A, line 74)		78	00
79.	Limitation of Credit (line 76 multiplied by line 77 divided by line 78)		79	00
80.	Alternative West Virginia taxable income (Form IT-140, line 7 minus line 77)		80	00
81.	Alternative West Virginia total income tax (see instructions on page 10)		81	00
82.	Limitation of credit (line 76 minus line 81)		82	00
83.	Maximum credit (line 76 minus the sum of lines 3 through 14 of the Tax Credit Recap Schedule)		83	00
84.	Total credit (SMALLEST of lines 75, 76, 79, 82 or 83) Enter here and on line 2 of the Tax Credit Recap Schedule.		84	00

A SEPARATE SCHEDULE E MUST BE COMPLETED FOR EACH STATE FOR WHICH CREDIT IS CLAIMED. FAILURE TO ATTACH A COPY OF THE OTHER STATE'S RETURN WILL RESULT IN THE CLAIMED CREDIT BEING DISALLOWED. THIS CREDIT IS NOT ALLOWED IN ANY CASE FOR INCOME TAX IMPOSED BY A CITY, TOWNSHIP, BOROUGH, OR ANY POLITICAL SUBDIVISION OF A STATE OR ANY OTHER COUNTRY.

