

WV/NRW-2
(Rev. 5/07)

Statement Of West Virginia Income Tax Withheld For Nonresident Individual or Organization

Read Instructions On Reverse Side

ORGANIZATION NAME AND MAILING ADDRESS		NONRESIDENT'S NAME AND MAILING ADDRESS	
Name (please type or print)		Name (please type or print)	
Street or Post Office Box		Street or Post Office Box	
City/Town	State	Zip Code	
West Virginia Identification Number	Federal Identification Number	Social Security Number	West Virginia Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check One: <input type="checkbox"/> Trust <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company		1. Income subject to withholding for nonresident as reported on organization's S Corporation, Partnership or Fiduciary Return	\$ <input type="text"/>
		2. Amount of West Virginia income tax withheld	\$ <input type="text"/>
Taxable Year of Organization Beginning		and Ending	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>MM DD YEAR</small>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>MM DD YEAR</small>	

TO BE FILED IN THE ABSENCE OF FORM WV/NRW-4, WEST VIRGINIA NONRESIDENT INCOME TAX AGREEMENT

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(Rev. 5/07)

Statement Of West Virginia Income Tax Withheld For Nonresident Individual or Organization

Read Instructions On Reverse Side

ORGANIZATION NAME AND MAILING ADDRESS		NONRESIDENT'S NAME AND MAILING ADDRESS	
Name (please type or print)		Name (please type or print)	
Street or Post Office Box		Street or Post Office Box	
City/Town	State	Zip Code	
West Virginia Identification Number	Federal Identification Number	Social Security Number	West Virginia Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check One: <input type="checkbox"/> Trust <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company		1. Income subject to withholding for nonresident as reported on organization's S Corporation, Partnership or Fiduciary Return	\$ <input type="text"/>
		2. Amount of West Virginia income tax withheld and remitted (See instructions)	\$ <input type="text"/>
Taxable Year of Organization Beginning		and Ending	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>MM DD YEAR</small>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>MM DD YEAR</small>	

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