

**Part I:**  
**ORGANIZATION NAME AND MAILING ADDRESS**

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Name (please type or print)

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Post Office or Street Address

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City/Town State Zip Code

**NONRESIDENT NAME AND MAILING ADDRESS**

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Name (please type or print)

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Post Office or Street Address

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City/Town State Zip Code

West Virginia Identification Number Federal Identification Number

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Type of Organization: (check only one)

Partnership  S Corporation  Estate

Trust  Limited Liability Company

Taxable Year of Organization:

Calendar Year  Fiscal Year Ending \_\_\_\_\_

State of Commercial Domicile: \_\_\_\_\_

Internal Revenue Service Center Where Organization's Federal Return is Filed: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Social Security Number or Federal Identification Number Spouse's Social Security Number

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Type of Nonresident:

Individual  Corporation

Nonresident's Taxable Year:

Calendar Year  Fiscal Year Ending \_\_\_\_\_

State of Residence or Commercial Domicile: \_\_\_\_\_

Internal Revenue Service Center Where Nonresident's Federal Return Is Filed: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Part II:**

I declare that the above-named Distributee is a nonresident of West Virginia and that the nonresident Distributee hereby agrees to timely file West Virginia Income Tax Returns (Form IT-140NR or WV/CNF-120) and pay any income tax due; that the Distributee will include in that return the portion of the above-named Organization's West Virginia income or gain attributable to the nonresident Distributee's interest in such Organization for the taxable year of the Distributee during which this Form is filed with the Organization and for each succeeding taxable year for which the Distributee receives actual or deemed distributions of West Virginia source income or gain; and that this Agreement remains in effect until it is revoked by either the Distributee or the Tax Commissioner.

**SIGN HERE**

\_\_\_\_\_  
(Signature of Nonresident Partner, Shareholder, or Beneficiary, or of Authorized Corporate Officer)

\_\_\_\_\_  
(Print Name Signed Above)

\_\_\_\_\_  
(Mailing Address if Different from Above)

\_\_\_\_\_  
(Date)

**Part III: NOTICE OF REVOCATION OF NONRESIDENT INCOME TAX AGREEMENT**

**WARNING: COMPLETE ONLY IF REVOKING AGREEMENT**

Notice is hereby given that the West Virginia Nonresident Income Tax Agreement (Form WV/NRW-4) previously executed by or on behalf of the above-named Nonresident is revoked for taxable years of the above-named Organization (Pass-through entity) that begins after today's date.

**SIGN HERE**

\_\_\_\_\_  
(Signature of Nonresident Partner, Shareholder, or Beneficiary, or of Authorized Corporate Officer)

\_\_\_\_\_  
(Print Name Signed Above)

\_\_\_\_\_  
(Mailing Address if Different from Above)

\_\_\_\_\_  
(Date)