### STATE OF WEST VIRGINIA State Tax Department, Tax Account Administration Div P. O. Box 1667 Charleston, WV 25326-1667



|         |       |     |            | AND WHITE |
|---------|-------|-----|------------|-----------|
|         |       |     |            |           |
| Name    |       |     |            |           |
| Address |       |     | Account #: |           |
| City    | State | Zip |            |           |

## WYNT-101Q WEST VIRGINIA EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

| Quarter Ending:   | Due Date:                                    | See instructions on reverse side before completing this form. Please type or print within the boxes.  AMENDED |  |
|---|--|---|--|
| Part 1: Complete Lines 1-1                                    | 0  |   | The land of the land of the land   |
| 1. Number of employees who re-                                |  |   |  |
| 2. Wages, tips and other compen                               |  |   |  |
| 3. Total WV income tax withhele                               | d from wages, tips and other com             | pensation for the quarter   | ·  |
| 4. WVLiability  | 5. WVLiability                               | 6. WVLiability  | 7. Total WV Liability for Quarter (Must Equal Line 3)  |
|   |  |   | _  |
| 8. Total payments for the quarter                             | -  |   |  |
| 9. Balance due (If line 7 is gree                             | •  |   |  |
| 10. Overpayment (If line 8 is gre                             |  |   |  |
| Part 2: Tell us about your b                                  | usiness. If not applicable                   | to your business, leave   | blank.   |
| If your business has stopped paying                           |  |   |  |
| Part 3: Sign your return.                                     |  |   | M M D D Y Y Y Y  |
|   | There are a remained this nature accommon in |   | The state of the s |
| and belief, it is true, correct and complete                  | I have examined this return, accompanyin e.  | ig schedules and statements, and to tr  | ne best of my knowledge  |
| (Signature of Taxpayer)                                       | (Name of Taxpayer - Type or Print)           | (Title)   | (Date)   |
| (Person to Contact Concerning this Return) (Telephone Number) |  |   |  |
| (Signature of Preparer other than Taxpayer)                   | (Address)                                    | (Date)  |  |

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT

Tax Account Administration Div

P. O. Box 1667, Charleston, WV 25326-1667

FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297

OR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-829

For more information visit our web site at: www.wvtax.gov

File online at https://mytaxes.wvtax.gov



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### West Virginia Employer's Quarterly Return of Income Tax Withheld

All employers are monthly payers and quarterly filers with the exception of employers who withhold less than \$600 annually OR employ certain domestic and household employees. Please visit the website for guidelines for making payments, filing returns, Annual Reconciliations, W-2's, 1099's, etc. at: <a href="https://www.tax.wv.gov/Business/Withholding/HelpandGeneralInformation">www.tax.wv.gov/Business/Withholding/HelpandGeneralInformation</a>

Payment of Tax Due: Monthly payments are required. Payments are submitted separately from the return. Payments along with form WV/IT-101V are due the 15<sup>th</sup> day of the month following the close of the month. Payments received after the 15<sup>th</sup> of the following month are LATE. Interest and penalty will be assessed.

Return Filing: A separate quarterly return, form WV/IT-101Q is due for each quarter in the calendar year. The WV/IT-101Q is due by the last day of the month following the close of the quarter. The return must be completed and submitted to the WV State Tax Department even if you had no employees and no tax has been withheld.

**Underpayment:** Enclose a payment if Line 9 of the WV/IT-101O has a balance due.

**Amended:** To correct a previously filed return, please check the box for AMENDED. Be sure the period ending date is for the period that needs corrected.

Changes: If it becomes necessary to change your filing frequency or address during the year, please notify the Withholding Unit by fax at 304-558-1150. Your Withholding Tax account will be adjusted accordingly and, if necessary, additional forms will be issued.

Employers who file a quarterly return for fifty (50) or more employees are required to file and pay electronically at <a href="https://mytaxes.wvtax.gov">https://mytaxes.wvtax.gov</a> Employers who fail to meet this requirement are subject to a penalty of \$25 per employee.

For additional information, please visit our website: <a href="https://www.tax.wv.gov">www.tax.wv.gov</a> or contact:

Taxpayer Services Division (304) 558-3333 1-800-WVA-TAXS (800) 982-8297 For the hearing impaired TDD 1-800-282-9833

#### **INSTRUCTIONS FOR COMPLETING WV/IT-101Q**

#### Part 1:

<u>Line 1</u> – Enter number of employees you had for the quarter. If you had no employees during this period, enter zero

<u>Line 2</u> – Enter total amount of compensation paid to these employees for the quarter. If no compensation was paid during this period, enter zero.

<u>Line 3</u> – Enter total amount of West Virginia income Tax withheld for the quarter. If no withholding during this period, enter zero.

<u>Box 4</u> – Enter the total tax liability due for the first month in the quarter. If no liability was accrued during this month enter zero. <u>Box 5</u> – Enter the total tax liability due for the second month in the quarter. If no liability was accrued during this month, enter zero.

<u>Box 6</u> – Enter the total tax liability due for the third month in the quarter. If no liability was accrued during this month, enter zero.

<u>Box 7</u> – Enter the total tax liability due for the quarter (sum of month 1+ month 2 + month 3). The amount should be equal to the total income tax withheld from wages (line 3)

<u>Line 8</u> – Enter the total payments submitted to the State Tax Department for the quarter. If none, enter zero.

<u>Line 9</u> – Compare line 8 to box 7, if box 7 is greater than line 8, enter the difference here and follow the Underpayment instructions. If box 7 is less than line 8, go to line 10. If box 7 equals line 8, go to Part 2.

<u>Line 10</u> – Compare line 8 to box 7, if line 8 is greater than box 7, enter the difference here. The overpayment credit will be applied to the next period. Or to request a refund, check the box

# CREDITS AND/OR REFUNDS MAY BE CAPTURED AND APPLIED TO OUTSTANDING TAX LIABILITIES.

Part 2: If not applicable to your business, leave blank.

If your business has stopped paying wages, check the box and enter the date you last paid wages in the space provided. Complete this section only if you have no employees and do not expect to have employees in the future. By completing this section, you authorize the closing of your Withholding Tax account.

Part 3: An unsigned return is not a valid return! Your return must be signed by a company representative, designated preparer, owner or officer, partner or member. Please include a telephone number should we need to contact you concerning your return.