

# WEST VIRGINIA PERSONAL INCOME TAX RETURN

# 2025

SOCIAL SECURITY NUMBER	490549999	Deceased <input type="checkbox"/>	Date of Death*	**SPOUSE'S SOCIAL SECURITY NUMBER	490548888	Deceased <input type="checkbox"/>	Date of Death*			
LAST NAME	a			SUFFIX			YOUR FIRST NAME	a	MI	
SPOUSE'S LAST NAME	a			SUFFIX			SPOUSE'S FIRST NAME	b	MI	
FIRST LINE OF ADDRESS				SECOND LINE OF ADDRESS						
CITY				STATE			ZIP CODE			
TELEPHONE NUMBER			EMAIL					EXTENDED DUE DATE MM/DD/YYYY		

\* ONLY INCLUDE A DECEASED TAXPAYER AND THEIR DATE OF DEATH IF IT OCCURRED IN THIS TAX YEAR. FOR THE NEXT TWO YEARS, PLEASE LIST THEM BELOW ON THE SURVIVING SPOUSE EXEMPTION.

AMENDED RETURN   
  NONRESIDENT SPECIAL   
  NONRESIDENT/PART YEAR RESIDENT   
  FORM WV-8379 FILED AS AN INJURED SPOUSE

**FILING STATUS** (CHECK ONE)

1 SINGLE   
  2 HEAD OF HOUSEHOLD   
 3 MARRIED, FILING JOINT   
  4 MARRIED, FILING SEPARATE   
  5 WIDOW(ER) WITH DEPENDENT CHILD

\*\*Enter spouse's SS# and name in the boxes above

**EXEMPTIONS**

(a) **YOURSELF**      To claim an exemption for yourself, enter 1. If someone can claim you as a dependent, leave box (a) blank. (a) **1**

(b) **SPOUSE**      To claim an exemption for your spouse, enter 1. They may not be claimed as an exemption by anyone else. (b) **1**

(c) **DEPENDENTS**      List your dependents. If over four dependents, continue on Schedule DP on page 49. **Enter total number of dependents** (c)

Dependent First name	Dependent Last name	Social Security Number	Date of Birth (MMDDYYYY)

(d) **SURVIVING SPOUSE**      (See page 21) Decedents SSN  Year Spouse Died:  (d)

(e) **Total Exemptions**      (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below. (e) **2**

1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-A . . .	1	26124	.00
2. Additions to income (line 61 of Schedule M) . . . . .	2		.00
3. Subtractions from income (line 52 of Schedule M) . . . . .	3		.00
4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3) . . . . .	4	26124	.00
5. Low-Income Earned Income Exclusion (see worksheet on page 29) . . . . .	5		.00
6. Total Exemptions as shown above on Exemption Box (e) <u>2</u> x \$2,000 . . . . .	6	4000	.00
7. West Virginia Taxable Income (line 4, minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO . . .	7	22124	.00
8. Income Tax Due (Check One) . . . . .	8		582 .00

Tax Table   
  Rate Schedule   
  Nonresident/Part-year resident calculation schedule



D A 4 0 2 0 2 5 0 1

