



WV-8453 Rev. 09/2020

STATE OF WEST VIRGINIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Form with fields for Period beginning (01/01/2023), Period ending (12/31/2023), Taxpayer information (Name: SAKTHIJOTHI MUTHU, SSN: 717724819), Spouse information, Home Address (990 IRWIN STREET APT 6, MORGANTOWN WV 26505), and Daytime telephone number (8623399376).

Part I Tax Return Information (whole dollars only)

Table with 4 rows: 1. Federal Adjusted Gross Income (49762.00), 2. West Virginia Income Tax (1606.00), 3. Balance Due (.00), 4. Refund (97.00).

Part II Direct Deposit or Electronic Funds Withdrawal

Form with fields for Routing transit number (RTN: 026009593), Depositor account number (DAN: 381061661437), and Type of account (checked: X Checking).

Part III Declaration of Taxpayer

I consent that my refund be directly deposited or my payment due be withdrawn by electronic debit as designated in Part II. I further authorize the State of West Virginia to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any entries in error into my Checking or Savings account as indicated above in Part II and the Financial Institution indicated above in Part II, to credit the same any amount(s) owed to me by the State of West Virginia.

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my Electronic Return Originator and that the amount described in Part I above agree with the amounts shown on the corresponding lines of my West Virginia income tax return. To the best of my knowledge and belief, my return is true, correct, and complete.

Signature lines for Taxpayer (Your signature, Date) and Spouse (Spouse's signature, Date).

Part IV Declaration & Signature of Electronic Return Originator (ERO) & Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on Form WV-8453 are complete and correct to the best of my knowledge. (ERO's who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that Form WV-8453 accurately reflects the data on the return.)

Form for ERO/Paid Preparer with fields for Signature, Firm Name (GLOBAL TAXES LLC), Date (03162024), Check if (Self-Employed), Your PTIN/SSN (P02082703), Phone # (678965952), EI No. (843171965), and Zip Code (08816).

ERO's are instructed to retain the WV-8453 and all supporting documents for not less than three (3) years.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

Form for Paid Preparer with fields for Signature, Firm Name (GLOBAL TAXES LLC), Date (03162024), Check if (Self-Employed), Your PTIN/SSN (P02082703), Phone # (678965952), EI No. (P02082703), and Zip Code (08816).

NOTE: Part IV of this form MUST be completed in full as required.

ERO's are required to file and hold this document and all attachments for three (3) years from date filed.

WEST VIRGINIA PERSONAL INCOME TAX RETURN

2023

SOCIAL SECURITY NUMBER 717724819	Deceased <input type="checkbox"/> Date of Death*	**SPOUSE'S SOCIAL SECURITY NUMBER	Deceased <input type="checkbox"/> Date of Death*
LAST NAME MUTHU	SUFFIX	YOUR FIRST NAME SAKTHIJOTHI	MI
SPOUSE'S LAST NAME	SUFFIX	SPOUSE'S FIRST NAME	MI
FIRST LINE OF ADDRESS 990 IRWIN STREET APT 6	SECOND LINE OF ADDRESS		
CITY MORGANTOWN	STATE WV	ZIP CODE 26505	
TELEPHONE NUMBER 8623399376	EMAIL SAKTHIANATOMY@GMAIL.COM	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 FI LED 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)																					
(c) DEPENDENTS	List your dependents. If over four dependents, continue on Schedule DP on page 49. Enter total number of dependents	(c)																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Dependent First name</th> <th style="width: 30%;">Dependent Last name</th> <th style="width: 20%;">Social Security Number</th> <th style="width: 20%;">Date of Birth (MM DD YYYY)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Dependent First name	Dependent Last name	Social Security Number	Date of Birth (MM DD YYYY)																
Dependent First name	Dependent Last name	Social Security Number	Date of Birth (MM DD YYYY)																				
(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) 1																				

1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-A	1	49762	.00
2. Additions to income (line 59 of Schedule M).....	2		.00
3. Subtractions from income (line 50 of Schedule M).....	3		.00
4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3).....	4	49762	.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>1</u> x \$2,000	6	2000	.00
7. West Virginia Taxable Income (line 4 minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO	7	47762	.00
8. Income Tax Due (Check One)	8	1606	.00

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

TAX DEPT USE ONLY

PAY PLAN COR SCTC NRSR HEPTC

**MUST INCLUDE WITHHOLDING
FORMS WITH THIS RETURN
(W-2s, 1099s, Etc.)**



PRIMARY LAST NAME **MUTHU** SOCIAL SECURITY NUMBER **717724819**

9. Credits from Tax Credit Recap Schedule (see schedule on page 5)	9		.00			
10. Total Income Tax Due. Line 8 minus 9. If line 9 is greater than line 8, enter 0	10	1606	.00			
11. Overpayment previously refunded or credited (amended return only)	11		.00			
Penalty Due <input type="checkbox"/> CHECK IF REQUESTING WAIVER OR QUALIFIED FARMER						
12. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 44). <input checked="" type="checkbox"/> CHECK IF NO USE TAX DUE	12		.00			
13. Add lines 10 through 12. This is your total amount due.....	13	1606	.00			
14. West Virginia Income Tax Withheld (See instructions page 23) <input type="checkbox"/> Check if withholding from NRSR (Nonresident Sale of Real Estate)	14	1703	.00			
15. Estimated Tax Payments and Payments with Schedule 4868	15	0	.00			
16. Non-Family Adoption Tax Credit, if applicable (include Schedule WV NFA-1)	16		.00			
17. Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-A)	17		.00			
18. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1 and Class 2 receipt)	18		.00			
19. Build WV Property Value Adjustment Refundable Tax Credit	19		.00			
20. Amount paid with original return (amended return only)	20		.00			
21. Payments and Refundable Credits (add lines 14 through 20)	21	1703	.00			
22. Balance Due (line 13 minus line 21). If Line 21 is greater than line 13, complete line 23 ... PAY THIS AMOUNT	22		.00			
23. Line 21 minus line 13. This is your overpayment	23	97	.00			
24. Indicate donations from line 24. Enter below and enter the sum of columns 24A, 24B, and 24C on Line 24	24		.00			
<table border="1"> <tr> <td>24A. CHILDREN'S TRUST FUND</td> <td>24B. 4WV DEPT. OF VETERANS ASSISTANCE</td> <td>24C. STATE VETERANS CEMETERY</td> </tr> </table>	24A. CHILDREN'S TRUST FUND	24B. 4WV DEPT. OF VETERANS ASSISTANCE	24C. STATE VETERANS CEMETERY			
24A. CHILDREN'S TRUST FUND	24B. 4WV DEPT. OF VETERANS ASSISTANCE	24C. STATE VETERANS CEMETERY				
25. Amount of Overpayment to be credited to your 2024 estimated tax.....	25		.00			
26. Refund due to you (line 23 minus line 24 and line 25)..... REFUND	26	97	.00			

Direct Deposit of Refund

CHECKING **SAVINGS**

026009593

ROUTING NUMBER

381061661437

ACCOUNT NUMBER

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.

I authorize the Tax Division to discuss my return with my preparer YES NO

Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of mv knowledge and belief, it is true, correct and complete.

Your Signature	Date	Spouse's Signature	Date	Telephone Number
<input type="checkbox"/> Preparer: Check HERE if client is requesting NOT to file		P02082703 SYAM PRIYA RAM SAGAR GUPTA	03162024	6789659522
		Preparer's EIN	Signature of preparer other than above	Date

SYAM PRIYA RAM SAGAR GUPTA

GLOBAL TAXES LLC

Preparer's Printed Name

Preparer's Firm

FOR REFUND, MAIL TO THIS ADDRESS: WV TAX DIVISION P.O. BOX 1071 CHARLESTON, WV 25324-1071	FOR BALANCE DUE, MAIL TO THIS ADDRESS: WV TAX DIVISION P.O. BOX 3694 CHARLESTON, WV 25336-3694
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Payment Options: Returns filed with a balance of tax due may pay through any of the following methods:
 • Check or Money Order payable to the WV Tax Division - Enclose check or money order with your return.
 • Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax".

