	STATE OF WEST VIRGINIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING						
WV-8453 Rev. 09/2020	Period beginning (MM/	Period beginning (MM/DD/YYYY)		Period ending (MM/DD/YYYY)			
1464. 03/2020	Your first name and n	niddle Initial		ast Name	Your So	cial Security Number	
	If a joint return, spous	If a joint return, spouse's first name and middle initial		ast name, if	different Spouse	s Social Security Number	
	Home Address (number and street)				Daytime	e telephone number	
	City, town or post office, state and ZIP code						
Part I	Tax Return Information (whole dollars only)						
 West Virginia Incc Balance Due (For 	ome Tax (Form IT-140, Line m IT-140, Line 23)	0, Line 1) 7) Direct Deposit or Electr			2		
5. Routing transit nu	mber (RTN)	· · · · · · · · · · · · · · · · · · ·					
8. Type of account: Part III I consent that my refund be directly for any entries in error into my Che is an irrevocable appointment of th Under penalties of perjury, I declare the corresponding lines of my Wes to the West Virginia State Tax Depa	y deposited or my payment due be withdraw cking or Savings account as indicated above e other spouse as an agent to receive the re e that I have compared the information cont t Virginia income tax return. To the best of m artment, upon request by the Department. If Tax Department to disclose to my ERO an	tivings (Direct Deposit Only) Declaration n by electronic debit as designated in Part II. I further au in Part II and the Financial Institution indicated above in fund or authorize the electronic debit. ained on my return with the information I have provided to y knowledge and belief, my return is true, correct, and co I have filed a joint federal and state return, I understand in ad <i>lor</i> the transmitter the reason(s) for the delay, or w	uthorize the Part II, to c o my Electro omplete. I c that, if there	State of West Virgin redit the same any a onic Return Originati onsent that my retur is an error on either fund was sent.	amount(s) owed to me by the State or and that the amount described in n, including this declaration and ac r return, my state return will be reje	of West Virginia. If I have filed a joint return, this Part I above agree with the amounts shown on companying schedules and statements, be sent cted. If the processing of my return or refund	
Sign Here	Your signature	Date		Spouse's	signature	Date	
must ensure that Form WV-8453 a information to filed with the West V	above taxpayer's return and that entries on iccurately reflects the data on the return.) I irginia State Tax Department, and have follo ned the above taxpayer's return and accom	A Signature of Electronic R Form WV-8453 are complete and correct to the best of have obtained the taxpayer's signature on Form WV-84 wed all other requirements described in the West Virgini banying schedules and statements, and to the best of m	my knowle 53 before s a Handbool y knowledg	dge. (ERO's who ar submitting this return k for Electronic Filers	e collectors are not responsible fo to the State Tax Department, hav s of Individual Income Tax Returns	r reviewing the taxpayer's return; however, they e provided the taxpayer a copy of all forms and If I am also the Paid Preparer, under penalty of	
address						Zip Code	
ERO's are in	structed to retain th	e WV-8453 and all suppor	ting d	locument	s for not less th	an three (3) years.	
Under penalties of perjury, I declare which preparer has any knowledge		npanying schedules and statements and to the best of m	ny knowledg	ge and belief, they a	re true, correct and complete. Decl	aration of preparer is based on all information of	
Paid Preparer's	Preparer's Signature Firm Name			Date	Check if:	Your PTIN/SSN	
Use Only	(or yours, if self-employed)				Phone #	El No.	
	and address					Zip Code	

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.