



West Virginia Military Incentives Credit

Tax Year Ending	
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Name(s) shown on tax return _____

Your social security number _____

Employer Name _____

Tax Identification Number _____

	(1) Veteran's or Member's Name & Social Security Number	(2) Category – Check one (if disabled check box and enter percent of disability.)	(3) Period of Employment during tax year.	(4) Wages Paid	(5) Credit
a	Name (Last, First, MI) _____ SSN _____	<input type="checkbox"/> Disabled ___% <input type="checkbox"/> Disadvantaged 30% <input type="checkbox"/> National Guard 25% <input type="checkbox"/> Reserves 25%	Beg. _____ End _____	\$ _____	\$ _____
b	Name (Last, First, MI) _____ SSN _____	<input type="checkbox"/> Disabled ___% <input type="checkbox"/> Disadvantaged 30% <input type="checkbox"/> National Guard 25% <input type="checkbox"/> Reserves 25%	Beg. _____ End _____	\$ _____	\$ _____
c	Name (Last, First, MI) _____ SSN _____	<input type="checkbox"/> Disabled ___% <input type="checkbox"/> Disadvantaged 30% <input type="checkbox"/> National Guard 25% <input type="checkbox"/> Reserves 25%	Beg. _____ End _____	\$ _____	\$ _____
d	Name (Last, First, MI) _____ SSN _____	<input type="checkbox"/> Disabled ___% <input type="checkbox"/> Disadvantaged 30% <input type="checkbox"/> National Guard 25% <input type="checkbox"/> Reserves 25%	Beg. _____ End _____	\$ _____	\$ _____
e	Name (Last, First, MI) _____ SSN _____	<input type="checkbox"/> Disabled ___% <input type="checkbox"/> Disadvantaged 30% <input type="checkbox"/> National Guard 25% <input type="checkbox"/> Reserves 25%	Beg. _____ End _____	\$ _____	\$ _____

Total of column 5a through 5e..... _____

Carry this total over to the appropriate line on your Personal Income Tax Form (IT-140) or Summary Schedule TC of the West Virginia Corporation Net Income Tax Return (CNF-120).