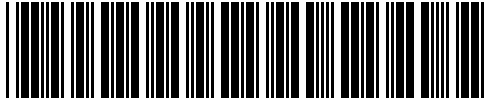


WV/IT-101V

Employer's West Virginia Income Tax Withheld
WV State Tax Department
PO Box 1667
Charleston, WV 25326

PERIOD ENDING	DUE DATE	# OF EMPLOYEES AT END OF PERIOD	PAYMENT VOUCHER	
MM DD YYYY	MM DD YYYY		TOTAL REMITTANCE	.
ACCOUNT NUMBER _____			 B 4 2 2 0 1 6 0 1 W	
NAME _____				
ADDRESS _____				
CITY _____	STATE _____	ZIP _____		