

Name			
Address		Accou	int #:
City	State Zij	0	
WV/SEV-401H rtL085 v 6-Web ANNUAL RETURN OF SEVERANCE AND BUSINESS PRIVILEGE TAXES FOR PROVIDERS OF HEALTH CARE ITEMS AND SERVICES Taxpayers required to file electronically will no longer receive returns for the tax types subject to the mandatory requirement			
Taxpayers required to it	• 0	.wvtax.gov for additional informa	
Period Ending:	Due Date:	Extension Date:	M D D Y Y Y Y
Method of Accounting (Check One)	ACCRUAL CASH	FINAL	AMENDED
COMPUTATION OF TAX			
1. Total Gross Proceeds			
2. Bad Debt Deductions			
3. Contractual Allowances			
4. Taxable Total Gross Proceeds (Line 1 minus Lines 2 and 3)			
5. Tax Rate			0.05
6. Tax Due (Multiply Line			
7. Annual Credit - \$500.00 Per Year or \$41.67 Per Month for each Month Subject to this Tax			
8. Adjusted Tax Due (Line			
9. Total Estimated Paymer			
10. Credit for Overpayment from Prior Year Annual Return			
11. Total Payments / Credits (Add Lines 9 and 10)			
12. Total Tax Due (Line 8 I	· · ·		
13. Overpayment Amount (Line 11 minus Line 8) If Line 8 is greater than Line 11, enter 0			
14. Amount of Line 13 to be Credited to Next Year's Tax			
15. Amount of Line 13 to be Refunded (Line 13 minus Line 14)			•
Under penalties of perjury, I d best of my knowledge and be		cluding accompanying schedules and statem	ents) and to the
(Signature of Taxpayer)	(Name of Taxpayer - Type	or Print) (Title)	(Date)
(Person to Contact Concerning this Return) (Telephone Number)			
(Signature of preparer other than	taxpayer) (Address)	(Date)	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT Tax Account Administration Div P.O. Box 773, Charleston, WV 25323-0773 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297 For more information visit our web site at: www.wvtax.gov File online at https://mytaxes.wvtax.gov

