



\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City State Zip

**INDIVIDUAL ESTIMATED INCOME TAX PAYMENT**

WV/IT-140ES  
 r1L063 v.12

Account #:		Taxable Year End:		Payment Due Date:	
------------	--	-------------------	--	-------------------	--

Your Social Security Number:		Spouse's Social Security Number:	
------------------------------	--	----------------------------------	--

<b>Part 1: Payment</b>	
Amount of This Payment	

<b>Part 2: Change of Address</b>	
Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed: <input type="checkbox"/>	
Name(s):	
Mailing Address:	
City:	
State and Zip Code:	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT  
 Tax Account Administration Div  
 P.O. Box 342 , Charleston, WV 25322-0342  
 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297  
 For more information visit our web site at: [www.tax.wv.gov](http://www.tax.wv.gov)  
 File online at <https://mytaxes.wvtax.gov>





\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City State Zip

**INDIVIDUAL ESTIMATED INCOME TAX PAYMENT**

WV/IT-140ES  
 r1L063 v.12

Account #:		Taxable Year End:		Payment Due Date:	
------------	--	-------------------	--	-------------------	--

Your Social Security Number:		Spouse's Social Security Number:	
------------------------------	--	----------------------------------	--

<b>Part 1: Payment</b>	
Amount of This Payment	

<b>Part 2: Change of Address</b>	
Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed:	<input type="checkbox"/>
Name(s):	
Mailing Address:	
City:	
State and Zip Code:	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT  
 Tax Account Administration Div  
 P.O. Box 342 , Charleston, WV 25322-0342  
 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297  
 For more information visit our web site at: [www.tax.wv.gov](http://www.tax.wv.gov)  
 File online at <https://mytaxes.wvtax.gov>





\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City State Zip

**INDIVIDUAL ESTIMATED INCOME TAX PAYMENT**

WV/IT-140ES  
 r1L063 v.12

Account #:		Taxable Year End:		Payment Due Date:	
------------	--	-------------------	--	-------------------	--

Your Social Security Number:		Spouse's Social Security Number:	
------------------------------	--	----------------------------------	--

<b>Part 1: Payment</b>	
Amount of This Payment	

<b>Part 2: Change of Address</b>	
Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed:	<input type="checkbox"/>
Name(s):	
Mailing Address:	
City:	
State and Zip Code:	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT  
 Tax Account Administration Div  
 P.O. Box 342 , Charleston, WV 25322-0342  
 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297  
 For more information visit our web site at: [www.tax.wv.gov](http://www.tax.wv.gov)  
 File online at <https://mytaxes.wvtax.gov>





\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City State Zip

**INDIVIDUAL ESTIMATED INCOME TAX PAYMENT**

WV/IT-140ES  
 r1L063 v.12

Account #:		Taxable Year End:		Payment Due Date:	
------------	--	-------------------	--	-------------------	--

Your Social Security Number:		Spouse's Social Security Number:	
------------------------------	--	----------------------------------	--

<b>Part 1: Payment</b>	
Amount of This Payment	

<b>Part 2: Change of Address</b>	
Check here and complete the CHANGE OF ADDRESS if any information preprinted on this form is incorrect or changed: <input type="checkbox"/>	
Name(s):	
Mailing Address:	
City:	
State and Zip Code:	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT  
 Tax Account Administration Div  
 P.O. Box 342 , Charleston, WV 25322-0342  
 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297  
 For more information visit our web site at: [www.tax.wv.gov](http://www.tax.wv.gov)  
 File online at <https://mytaxes.wvtax.gov>

