FORM **WV/EFT-WR**
REV 8-14

West Virginia State Tax Department
Electronic Funds Transfer Waiver Request

Tax Year: _____

This form is to be used only for those taxpayers requesting a waiver from the requirement to file and pay their taxes electronically. Please use the space provided below to explain your request in detail. Waiver must be requested by December 1st prior to each tax year for which the mandatory requirements apply. Late waiver requests may result in penalties per the Mandatory Electronic Funds Transfer requirements. For any questions or concerns, please contact us at (304) 558-8692.

Taxpayer/Business Name:	ID Number:	E-Mail Address:
Authorized Signature:	Date:	Phone Number:

Reason for Request:

Tax Department Use ONLY:

Fax or mail completed request to:

WV State Tax Department
EFT Unit/Waiver
P.O. Box 11895
Charleston, WV 25339-1895

(304) 558-8604