FORM **EXD-P**
Orig. 7-16

West Virginia
Disaster Relief Extension – Personal Income Tax

West Virginia
State Tax
Department

COUNTY OF RESIDENCE	

PRIMARY SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER	

PRIMARY CONTACT NAME		SPOUSE'S NAME	

PHONE #		SPOUSE'S PHONE # (IF DIFFERENT)	

PHYSICAL ADDRESS OF PROPERTY	MAILING ADDRESS (If different from physical address)

Has any extension request to the West Virginia State Tax Department or Internal Revenue Service been made prior to this request?

❑ NO ❑ YES If YES, provide the extended due date granted: _____

Residency Type (mark one)

❑ FULL YEAR ❑ NON RESIDENT ❑ PART YEAR (Provide Dates of residence _____)

Is the property your principal residence?

❑ YES ❑ NO

Describe the loss necessitating this request. Please indicate whether tax records were lost and provide an estimated time for adequate recovery. Attach copies of FEMA application or insurance loss claim if possible.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

To ensure adequate time to process your request, applications should be received by <u>September 15, 2016</u>.

Signature of Taxpayer	Spouse's Signature	Date

Extension form may be faxed to 304-558-8713 or mailed to:

West Virginia State Tax Department
Tax Account Administration Division
P.O. Box 2585
Charleston, WV 25329-2585