

## 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
	OUSE'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 PYES If YES, provide the extended due date granted:	
Residency Type (mark one)  □ FULL YEAR □ NON RESIDENT □ PART YEAR (Provide Dates of residence )	
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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.	
Attach copies of P Livia application of insurance loss claim if possible.	
Signature of Taxpayer Spouse's 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	