

WEST VIRGINIA
DEPARTMENT OF TAX & REVENUE
INTERNAL AUDITING DIVISION
P. O. BOX 2666
CHARLESTON, WEST VIRGINIA 25330

APPLICATION FOR REFUND OF BUSINESS LICENSE REGISTRATION FEE
(WEST VIRGINIA CODE 11-12)

West Virginia Identification Number _____

Business Name _____

Address _____

1. Period for which Refund is requested: 1. _____

Note: The Business License Registration Period
covers fiscal year: July 1 - June 30

2. Gross income of business for the license period that refund is being requested 2. _____

3. Refund requested 3. _____

4. Reason for requesting refund: _____

CAUTION: Read this application before signing. Presenting a fraudulent claim constitutes a felony.

I certify all information hereon to be true and accurate to the best of my knowledge.

SIGNATURE

TITLE **DATE**

Sworn to and subscribed before me this _____ day of _____

Seal of Officer

Taking Affidavit _____

Notary Public

County of _____ State of _____

TAX DEPARTMENT USE ONLY

Refund Class _____

Transaction Number _____

License Year _____

Amount of Refund \$ _____

Approved By _____

Date Approved _____

Serial Number _____