

# GSR-02

## WEST VIRGINIA REQUEST FOR STATEMENT OF GOOD STANDING FOR INDIVIDUALS FOR OFFICE OF MEDICAL CANNABIS

West Virginia  
State Tax  
Department

Rev. 09/2020

Businesses should request for good standing using **GSR-01**.

Social Security Number \_\_\_\_\_

Individual Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Medical Cannabis Applicant Business Name \_\_\_\_\_

*I understand that in the event that I am not in good standing with the Tax Department I will be notified in writing as to whom to contact with any questions regarding that situation. By signing this Request for Statement of Good Standing, I certify under penalty of perjury that I am the individual named above and am entitled to receive the result of this request.*

Taxpayer Signature Title Date

Print Name Phone E-mail

I would like the response sent via (check only **one**):

E-mail, enter the e-mail address: \_\_\_\_\_

Mail to the address listed below:

Street City State Zip

If requesting information be sent to your authorized representative, please include their name and bar number or CPA license number.

Attorney/CPA Name Bar Number/CPA License Number

If requesting information be sent to someone other than an attorney or CPA, this form must be notarized.

State of West Virginia

County of \_\_\_\_\_, to-wit,

This day appeared before me, the undersigned notary public \_\_\_\_\_, who  
acknowledge under oath the signature above.

\_\_\_\_\_  
Notary public

My commission expires: \_\_\_\_\_ Date

### Send this request to:

### Phone Number:

West Virginia State Tax Department  
ATTN: TPS – Administrative Support  
PO Box 885  
Charleston, WV 25323-0885

(304) 558-3333