REQUEST FOR WAIVER OF PENALTY

Company Name: __________________________________________________________________

WV Tax Account ID or FEIN: _________________________________________________________

Mailing Address: __________________________________________________________________
___________________________________________________________________________________

I am requesting a waiver of penalty on ______________________ tax account for period(s) ending
___________________________ in the amount of _______________________ for the following
reason(s):

☐ Report on actual production figures
☐ Unaware of the mandatory EFT requirement
☐ Other (Must provide reason): _______________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________

Taxpayer Signature  Title  Date

Print Name  Phone  E-mail

CPA/Attorney Signature  Title  Date

Print Name  Phone  E-mail

Signature of Person other than  Title  Date
Taxpayer, CPA, or Attorney

Print Name  Phone  E-mail

Mail this request to: West Virginia State Tax Department
Attn. Excise and Support Unit
PO Box 2991
Charleston, WV 25330-2991