

**SEV-WAIVER**

Rev. 9-16

**WEST VIRGINIA  
REQUEST FOR WAIVER OF PENALTY**

West Virginia  
State Tax  
Department

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 Taxpayer, CPA, or Attorney	Title	Date
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