# WEST VIRGINIA REQUEST FOR LETTER OF GOOD STANDING

**TAXPAYER IDENTIFICATION**

<table>
<thead>
<tr>
<th>TAXPAYER IDENTIFICATION NUMBER</th>
<th>IDENTIFICATION TYPE</th>
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**BUSINESS NAME**

**LOCATION ADDRESS**

**MAILING ADDRESS**

<table>
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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**PURPOSE FOR REQUEST (CHECK ONE):**

- [ ] ABCA
- [ ] DMV
- [ ] DOH
- [ ] OMC
- [ ] SOS
- [ ] AGRICULTURE
- [ ] BANK LOAN
- [ ] OTHER (SPECIFY)

**SIGNATURE**

I understand that in the event that this business is not in good standing with the Tax Department I will be notified in writing as to what tax returns or tax payments are considered not filed or paid and who to contact with any questions regarding that situation.

By signing this Request for Letter of Good Standing, I certify under penalty of perjury that I am the taxpayer or the taxpayer’s authorized representative and am entitled to receive the result of this request.

If you are a CPA or Attorney completing this Request for Letter of Good Standing for a business of which you are not a principle, a principle of the business must ALSO sign this request as the taxpayer.

If you are authorizing release of information for someone who is not a CPA or Attorney, this form must be notarized.

**SIGNATURE OF TAXPAYER**

<table>
<thead>
<tr>
<th>NAME OF TAXPAYER (PRINT OR TYPE)</th>
<th>PHONE</th>
<th>EMAIL</th>
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**SIGNATURE OF CPA OR ATTORNEY**

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<th>NAME OF CPA OR ATTORNEY (PRINT OR TYPE)</th>
<th>PHONE</th>
<th>EMAIL</th>
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**SIGNATURE OF PERSON OTHER THAN TAXPAYER, CPA, OR ATTORNEY (FORM MUST BE NOTARIZED).**

<table>
<thead>
<tr>
<th>NAME OF PERSON OTHER THAN TAXPAYER, CPA, OR ATTORNEY (PRINT OR TYPE)</th>
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**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

_________________________________________ NOTARY PUBLIC

____________________________ DATE

MY COMMISSION EXPIRES: ___________________________

**SEND THIS REQUEST TO:**

West Virginia Tax Division
ATTN: TPS – Support Unit
PO Box 885
Charleston, WV 25323-0885

**PHONE NUMBERS:**

(304) 558-3333
(800) 982-8297
Follow Prompts for Letter of Good Standing Requests.