FORM **EXD-B**
Rev. 2-24

West Virginia
Disaster Relief Extension – Business Taxes

West Virginia
Tax Division

FEIN		COUNTY WHERE BUSINESS IS LOCATED	

BUSINESS NAME	

CONTACT NAME		CONTACT PHONE #	

PHYSICAL ADDRESS	MAILING ADDRESS (If different from physical address)

Has any extension request to the West Virginia Tax Division or Internal Revenue Service been made prior to this request?

❑ NO ❑ YES If YES, provide the extended due date granted: _____

For what tax types is this Disaster Relief Extension requested for? (Mark all that apply)

❑ Corporate Net Income
❑ S Corporation
❑ Partnership
❑ Fiduciary
❑ Withholding
❑ State and Municipal Sales and Use Tax
❑ IFTA
❑ Soft Drink
❑ Wine Liter
❑ Local Wine Liquor Distribution
❑ Other _____

Describe the loss necessitating this request. Please indicate whether tax records were lost and provide an estimated time for adequate recovery. Attach copies of FEMA application or insurance loss claim if possible.

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Signature of Responsible Official Date

Extension form may be mailed to:

West Virginia Tax Division
Tax Account Administration
P.O. Box 1202
Charleston, WV 25324-1202