

West Virginia Disaster Relief Extension – Personal Income Tax

West Virginia Tax Division

COUNTY OF RESIDENCE			
PRIMARY SOCIAL SECURITY NUMBER		SPOUSE'S S SECURITY NO	
PRIMARY CONTACT NAME		SPOUSE'S NAME	
PHONE # SPOUSE'S PHONE # (IF DIFFERENT)			
PHYSICAL ADDRESS OF PROPERTY		MAILING ADDRE	SS (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:			
Residency Type (mark one) ☐ FULL YEAR ☐ NON RESIDENT ☐ PART	YEAR (Provide Date	es of residence)
Is the property your principal residence? YES NO Describe the loss passes itation this request. Please indicate	o whathar toy record	do ware lost and provi	do an actimated time for adequate receivery
Describe the loss necessitating this request. Please indicat Attach copies of FEMA application or insurance loss claim		as were lost and provi	de an estimated time for adequate recovery.
Signature of Taxpayer	Spouse's Signa	ature	Date
Extension form may be mailed to:			
West Virginia Tax Division Tax Account Administration Division P.O. Box 2585 Charleston, WV 25329-2585			