

COUNTY OF RESIDENCE	
PRIMARY SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER
PRIMARY CONTACT NAME	SPOUSE'S NAME
PHONE #	SPOUSE'S PHONE # (IF DIFFERENT)
PHYSICAL ADDRESS OF PROPERTY	MAILING ADDRESS (If different from physical address)
Has any extension request to the West Virginia Tax Division NO YES If YES, provide the extended due date	or Internal Revenue Service been made prior to this request? granted:
Residency Type (mark one)	YEAR (Provide Dates of residence)
Is the property your principal residence?	
Describe the loss necessitating this request. Please indicate Attach copies of FEMA application or insurance loss claim if	whether tax records were lost and provide an estimated time for adequate recovery. possible.
Signature of Taxpayer	Spouse's Signature Date
To ensure adequate time to process your Extension form may be mailed to:	request, applications should be received by June 15, 2024.
West Virginia Tax Division Tax Account Administration P.O. Box 2585 Charleston, WV 25329-2585	