

**WEST VIRGINIA
REQUEST FOR WAIVER OF PENALTY**

FEIN		WV TAX ACCOUNT ID		TAX PERIOD ENDING MM/DD/YYYY	
COMPANY NAME					
FIRST LINE OF ADDRESS				SECOND LINE OF ADDRESS	
CITY				STATE	ZIP

WAIVER INFORMATION

I AM REQUESTING A WAIVER OF PENALTY ON THE TAX ACCOUNT AND PERIOD LISTED ABOVE IN THE AMOUNT OF \$

FOR THE FOLLOWING REASON(S):

- REPORT ON ACTUAL PRODUCTION FIGURES
- UNAWARE OF THE MANDATORY EFT REQUIREMENT
- OTHER (MUST PROVIDE REASON)

SIGNATURE

This form is not considered complete unless it is signed.
Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of my knowledge and belief, it is true, correct and complete.

SIGNATURE OF TAXPAYER	TITLE	DATE
NAME OF TAXPAYER - TYPE OR PRINT	E-MAIL	PHONE
SIGNATURE OF CPA/ATTORNEY	TITLE	DATE
NAME OF CPA/ATTORNEY - TYPE OR PRINT	E-MAIL	PHONE
SIGNATURE OF CPA/ATTORNEY	TITLE	DATE
NAME OF CPA/ATTORNEY - TYPE OR PRINT	E-MAIL	PHONE

**MAIL TO WEST VIRGINIA TAX DIVISION
ATTN. EXCISE AND SUPPORT UNIT
P.O. BOX 2991
CHARLESTON, WV 25330-2991**

FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
For more information visit our web site at: www.tax.wv.gov
File online at <https://mytaxes.wvtax.gov>



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