

GSR-01

Rev.12/18

West Virginia

Request for Statement of Good StandingWest Virginia
State Tax
Department

Taxpayer Identification Number _____ Complete Business Name _____

Parent Company FEIN (If applicable, this would be the company that business returns are filed under.) _____

Business Location _____

Mailing Address _____
Street City State Zip**PURPOSE FOR REQUEST (CHECK ONE):** ABCA DMV DOH SOS Bank Loan Other (specify below) _____

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 Statement 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 Statement 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.

Taxpayer Signature Title Date_____
Print Name Phone E-mail_____
CPA/Attorney Signature Title Date_____
Print Name Phone E-mail_____
Signature of person other than taxpayer, CPA, or attorney (Form must be notarized). Title Date_____
Print Name Phone E-mail

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

My commission expires: _____

Date**Send this request to:****Phone Numbers:**West Virginia State Tax Department
ATTN: TPS – Support Unit
PO Box 885
Charleston, WV 25323-0885(304) 558-3333
(800) 982-8297
Follow Prompts for
Statement of Good Standing Requests.