

Taxpayer Identification Number \_\_\_\_\_

Complete Business Name \_\_\_\_\_

Business Location \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

**PURPOSE FOR REQUEST (CHECK ONE):**

- ABCA
- DMV
- 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

\_\_\_\_\_  
Date

My commission expires: \_\_\_\_\_

I would like the response sent via (check only **one**):

- Fax, enter the fax number including area code: ( ) \_\_\_\_\_
- E-mail, enter the e-mail address: \_\_\_\_\_

Send this request to:	Phone Numbers:
West Virginia State Tax Department ATTN: TPS – Administrative Support PO Box 885 Charleston, WV 25323-0885 Fax # (304) 558-3269	(304) 558-0678 (304) 558-8695 (304) 558-1114 (304) 558-0659