

**WEST VIRGINIA  
REQUEST FOR LETTER OF GOOD STANDING**

TAXPAYER IDENTIFICATION			
TAXPAYER IDENTIFICATION NUMBER		IDENTIFICATION TYPE	
BUSINESS NAME			
LOCATION ADDRESS			
MAILING ADDRESS			
	Street	City	State    Zip

PURPOSE FOR REQUEST (CHECK ONE):
<input type="checkbox"/> ABCA <input type="checkbox"/> DMV <input type="checkbox"/> DOH <input type="checkbox"/> OMC <input type="checkbox"/> SOS <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> BANK LOAN <input type="checkbox"/> OTHER (SPECIFY) _____

SIGNATURE		
<p><i>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.</i></p> <p><i>By signing this Request for Letter 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.</i></p> <p><i>If you are a CPA or Attorney completing this Request for Letter 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.</i></p> <p><i>If you are authorizing release of information for someone who is not a CPA or Attorney, this form must be notarized.</i></p>		
SIGNATURE OF TAXPAYER	TITLE	DATE
NAME OF TAXPAYER (PRINT OR TYPE)	PHONE	EMAIL
SIGNATURE OF CPA OR ATTORNEY	TITLE	DATE
NAME OF CPA OR ATTORNEY(PRINT OR TYPE)	PHONE	EMAIL
SIGNATURE OF PERSON OTHER THAN TAXPAYER, CPA, OR ATTORNEY (FORM MUST BE NOTARIZED).	TITLE	DATE
NAME OF PERSON OTHER THAN TAXPAYER, CPA, OR ATTORNEY(PRINT OR TYPE)	PHONE	EMAIL
STATE OF WEST VIRGINIA  COUNTY OF _____, TO-WIT, THIS DAY APPEARED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC _____, WHO ACKNOWLEDGE UNDER OATH THE SIGNATURE ABOVE.   <div style="text-align: right; margin-right: 100px;">                     _____ NOTARY PUBLIC                       _____ DATE                 </div> MY COMMISSION EXPIRES: _____		

SEND THIS REQUEST TO:	PHONE NUMBERS:
West Virginia Tax Division ATTN: TPS – Support Unit PO Box 885 Charleston, WV 25323-0885	(304) 558-3333 (800) 982-8297 Follow Prompts for Letter of Good Standing Requests.