

APPLICATION FOR REFUND OF BUSINESS LICENSE REGISTRATION FEE

(WEST VIRGINIA CODE 11-12)

NAME OF BUSINESS		WEST VIRGINIA IDENTIFICATION NUMBER	
ADDRESS			
CITY		STATE	ZIP

1	PERIOD FOR WHICH REFUND IS REQUESTED (Note: The Business License Registration Period covers fiscal year: JULY 1 - JUNE 30)	1
2	GROSS INCOME OF BUSINESS FOR THE LICENSE PERIOD THAT REFUND IS BEING REQUESTED	2
3	REFUND REQUESTED	3
4	REASON FOR REQUESTING REFUND	

CAUTION: Read this application before signing. Presenting a fraudulent claim constitutes a felony
I certify all information hereon to be true and accurate to the best of my knowledge.

Corporate Seal, if applicable

SIGNATURE	DATE
PRINT NAME	TITLE
TAKEN, SUBSCRIBED, ACKNOWLEDGED AND SWORN TO BEFORE ME ON THIS DATE : _____	
MY COMMISSION EXPIRES ON: _____	
NOTARY PUBLIC	(NOTARY SEAL)

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
TAX ACCOUNT ADMINISTRATION DIVISION
REGISTRATION & ACCOUNT CORRECTION UNIT
P. O. BOX 2666
CHARLESTON, WV 25330-2666

FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
For more information visit our web site at: www.wvtax.gov

