



STATE OF WEST VIRGINIA
Department of Revenue
Property Tax Department

INDUSTRIAL TAXPAYER
REQUEST FOR FILING EXTENSION

Date of Request

Industrial Account Number and Tax Year (seven digit number ending in "S")

Industrial Business Name

Contact Name

Telephone Number

Address

City, State, Zip

E-mail address

Note: If you are not an employee or owner of the business, you must provide a
"Letter of Authorization" on letterhead with the owners signature.

Reason for Filing Extension Request: _____

For State Tax Department Use Only

APPROVED

DATE _____

DISAPPROVED

BY _____

Property Tax Division
153 West Main Street, Suite E
Clarksburg WV 26301
Submit to Kathryn.L.Gatian@wv.gov