WV-ARI-001 Rev. 7/14

Nar	me of Taxpayer			Date		
Address				Daytime Telephone		
City	/			State Zip Code		
We	st Virginia Identification, SSN, FEIN, or O	ther				
	e above named taxpayer does hereby w -1A-23 to the following extent:	vaive the cor	nfider	ntiality provisions of West Virginia Code §1	1-10-5d and/or	
1.	Persons to whom information may be ı	released:				
Name				Capacity		
				Daytime Telephone		
City	/,			State Zip Code _		
2. E	Effective period of this waiver					
	Authorization terminates					
	month	day		year		
	Until my liability for the delinquent tax or t	axes checke	d in p	paragraph 3, below, is satisfied.		
	Other (explain)					
3. T	axes and/or credits to which this waive	er applies:				
		WV Cod	е		WV Code	
	Beer Barrel Tax	11-16		Minimum Severance Tax on Coal	11-12B	
	Business and Occupation Tax	11-13		Motor Carrier Road Tax	11-14A	
	Business Franchise Tax	11-23		Personal Income Tax	11-21	
	Business Registration Tax	11-12		Property Taxes		
	Charitable Raffle Boards & Games	47-23		Severance Tax	11-13A	
	Consumer Sales and Service Tax	11-15		Solid Waste Fee	20-5F	
	Corporate License Tax	11-12C		Soft Drink Tax	11-19	
	Corporate Net Income Tax	11-24		Strategic Research and Development Tax Credit	11-13R	
	Economic Opportunity Tax Credit	11-13Q		Telecommunications Tax	11-13B	
	Employers Withholding Tax	11-10		Tobacco Products Excise Tax	11-17	
	Estate Tax	11-11		Use Tax	11-15A	
	Gasoline & Special Fuel Excise Tax	11-14		Wine Liter Tax	60-8	
	Health Care Provider Taxes	11-27		All of the above applicable to the taxpayer		
	IFTA	11-14B		Other Taxes (as listed below)		
	Manufacturing Investment Tax Credit	11-13S				
4. I	nformation to be released (describe sp	ecifically):				

This waiver will be effective only to the extent explained above and any other release of information is not permitted without additional authorization. Additionally, information will be released only to the extent the Tax Commissioner believes disclosure is necessary to comply with this Authorization to disclose information, and will not be disclosed to the extent the Tax Commissioner determines that disclosure would seriously impair administration of this State's tax laws.

This authorization must be signed by the taxpayer, or taxpayer's authorized representative, and the signature of the person signing the authorization must be notarized. Documentation of fiduciary relationships (e.g. Guardianship, POA, Trustee, Executrix) must be attached. Please note that original signatures are required. Faxed, photocopied or stamped signatures are unacceptable.

Authorization is for:

- release of personal income tax return(s); if jointly filed personal income tax return is requested, the authorization
  must be signed by either the husband or the wife.
- release of a return filed by a business that is a sole proprietorship, the authorization must be signed by the owner of the business or by an employee of the business, or other person, who is authorized to sign the authorization.
- a corporation, the authorization must be signed by its president, vice president, treasurer, assistant treasurer, chief accounting officer or other person duly authorized to sign the authorization.
- release of a return filed by a partnership, as defined for federal income tax purposes, the authorization must be signed by the managing partner, or tax matters partner, or any other partner or employee of the partnership authorized to sign the authorization.
- release of a return filed by a limited liability company, the authorization must be signed by the managing member, tax matters member, or any other member or employee of the limited liability company authorized to sign the authorization.
- a return filed by an estate or trust, the authorization must be signed by the executor or executrix of the estate, or the trustee of the trust.
- for information other than a tax return, the authorization must be signed by a person who could authorize release of taxpayer's tax return.

	Print Name		
	Signature		
	Capacity		
	Date		
State of			
County of	, to-wit,		
This day appeared	before me, the undersigned notary public,		who
acknowledge unde	r oath the signature above.	Print Taxpayer's Name	
	Notary Public		
	Date		
My commission ex	pires		