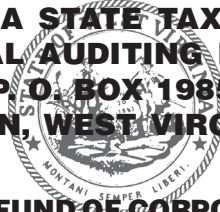


**WEST VIRGINIA STATE TAX DEPARTMENT
INTERNAL AUDITING DIVISION
P.O. BOX 1985
CHARLESTON, WEST VIRGINIA 25327**



**APPLICATION FOR REFUND OF CORPORATION LICENSE TAX
(WEST VIRGINIA CODE 11-12C)**

West Virginia Identification Number

Business Name

Address

REQUEST REFUND OF: \$ _____ REPORT YEAR(S): _____

FOR THE FOLLOWING REASON(S): _____

**CAUTION: Read this application before signing.
Presenting a fraudulent claim constitutes a felony.**

**I certify all information herein to be true and accurate
to the best of my knowledge.**

SIGNATURE

TITLE **DATE**

Sworn to and subscribed before me this _____ day of _____

Seal of Officer

Taking Affidvit _____

Notary Public

County of _____ State of _____

TAX COMMISSION USE ONLY

Refund Class _____

Transaction Number _____

Report Year(s) _____

Amount of Refund \$ _____

Approved By _____

Date Approved _____

Serial Number _____