Print Form

STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Financial Conditions Division - Tax Audit Section

FAILURE TO PAY
PENALTY WAIVER / REDUCTION REQUEST

GENERAL INFORMATION: West Virginia Code §33-43-7(b) grants the Insurance Commissioner authority to waive or reduce the penalty for failure to pay a return if he or she determines that the failure to timely pay was not based in whole or part, willful or due to the neglect of the taxpayer.

Mail to: **State of West Virginia**
Offices of the Insurance Commissioner
Tax Audit Section, P.O. Box 50542
Charleston , West Virginia 25305-0542

All sections of this form must be completed and **NOTARIZED**.

Licensee Name: _____ Taxable Period(s): _____

WV License #: _____ Filing/Remittance Due Date: _____

Mailing Address: _____ Contact Person: _____

_____ Phone Number: _____

FIRST: I assert that the above named taxpayer is entitled to a waiver or reduction of the indicated liability for penalty for the following reason(s): (Number each reason separately and attach additional paper if necessary):

_____

SECOND: I request that the State of West Virginia Offices of the Insurance Commissioner waive or reduce the indicated liability for penalty for the above named taxpayer.

State of _____ County of _____

I, _____ , being duly sworn according to law, say that I am authorized to represent _____ and further depose and say that the facts contained in this request are true.

_____
Signature of Authorized Representative

Sworn to and subscribed before me this _____ day of _____ , _____
My commission expires _____ day of _____ , _____

(SEAL)

_____
Notary Public

IC-FAILURE TO PAY - BROKER
September 2007