

WAIVER OF CONFIDENTIALITY

I \_\_\_\_\_ by my signature below, hereby give the West Virginia Office of Tax Appeals, and the West Virginia Tax Department permission to discuss with the person or firm listed below, any appeals currently pending. I expressly waive the confidentiality provisions of West Virginia Code Section 11-10-5d, as it relates to my tax returns and return information for the tax periods and tax years at issue in this appeal or appeals.

LIST DOCKET NUMBERS HERE

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Representative Name (can be an individual or entire business or firm)

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Address

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Phone Number \_\_\_\_\_

Email \_\_\_\_\_