



STATE OF WEST VIRGINIA
State Tax Department, Tax Account Administration Div
P.O. Box 1826
Charleston, WV 25327-1826



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Dale W. Steager, State Tax Commissioner

MEDICAL CENTER PHARMACY
WEST VIRGINIA HEALTH CARE COOPERATI
PO BOX 8034
MORGANTOWN WV 26506-8034

Letter Id: L0226636736
Issued: 07/10/2019
Account #: 2376-0326

DIRECT PAY PERMIT GENERAL INFORMATION

This Direct Pay Permit is issued to the within named taxpayer to be used for taxable or exempt purchases made from vendors as specified in the application submitted to the West Virginia State Tax Department.

The permit holder shall pay the tax for sales of taxable services, and leases of tangible personal property, from specified vendors directly to the State Tax Department. The tax will be due on or before the twentieth (20th) day of the month after the preceding month's transactions. The State Tax Department may cancel this permit and interest and penalties may apply if the holder does not file returns by the due date.

This permit shall continue to be valid until the holder surrenders the permit or the State Tax Department cancels the permit for cause.

The holder of this permit shall notify each specified vendor from whom tangible property is purchased or leased or from whom services are purchased of their direct pay permit number and that any tax thereon is being paid directly to the State Tax Department.

Upon the expiration, cancellation or surrender of the permit, the holder shall promptly notify in writing, the specified vendors from whom tangible property is purchased or leased or by whom services are rendered of such cancellation or surrender.

The State Tax Department will forward specifically printed forms for remitting this tax.

Should you need further assistance concerning this matter, contact the Taxpayer Services Division at (304) 558-3333 or toll free (800) 982-8297.

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PLEASE CUT HERE

**WEST VIRGINIA STATE TAX DEPARTMENT
CONSUMERS' SALES AND SERVICE TAX AND USE TAX
DIRECT PAY PERMIT NUMBER: 23760326**

Effective Date: 01-Jul-2019



Use this Direct Pay Permit for purchases made from the vendors as specified in the application to the West Virginia State Tax Department. State law prohibits use of this permit by anyone other than the named taxpayer. The vendor, on all applicable invoices, should record the permit number.

BUSINESS LOCATION ADDRESS

Account ID: 2376-0326
WEST VIRGINIA HEALTH CARE COOPERATI
400 FAIRVIEW HEIGHTS RD
SUMMERSVILLE WV 26651-9308

*This is your Permanent Number and is in effect until you surrender your permit, or until otherwise cancelled.

You may not use this permit to purchase gasoline or special fuels.