

**APPLICATION FOR CERTIFICATE
OF WITHDRAWAL OF A
BUSINESS TRUST**

Form BT-4
Rev. 01/2023

West Virginia Secretary of State
Business & Licensing Division
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov

FILE ONE ORIGINAL

(Two if you want a filed
stamped copy returned to you)

FEE: \$25.00 - Expedite service is not available for this type of filing.

In accordance with the provisions of the West Virginia Code [§47-9A-4\(g\)](#), the undersigned Business Trust hereby applies for a certificate of withdrawal from West Virginia, and submits the following statement:

1. The **name of the Business Trust** is: _____

2. It is formed under the laws of the State of: _____

3. The **mailing address** to which the Secretary of State may mail a copy of any process against the association:

No. & Street Address

City, State and Zip Code

4. The Business Trust hereby attests that: It is not transacting business in West Virginia. It hereby surrenders its authority to transact business in West Virginia. It revokes the authority of its registered agent in West Virginia to accept service of process, and consents that service of process in any action, suit or proceeding based upon any course of action arising in West Virginia during the time the trust was authorized to transact business in West Virginia may thereafter be made on the trust by service thereof on the Secretary of State of West Virginia and commits to notify the Secretary of State of any changes of the trust's mailing address.

5. **Contact name and phone number.** *This information is optional, however, listing one may help expedite your filing and avoid any possible rejection of your filing if a problem is found.*

Contact Name

Phone Number

6. Print name of signer: _____ Title/Capacity of Signer: _____

Signature*: _____ **Date:** _____

***Important Legal Notice Regarding Signature:** Per West Virginia Code [§31D-1-129](#). **Penalty for signing false document.** Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.

**INSTRUCTIONS FOR FILING A CERTIFICATE OF WITHDRAWAL
OF A BUSINESS TRUST**

Due to the nature of the withdrawal process, expedited service is not available for this filing.

Withdrawal of a Business Trust in West Virginia requires several steps and may take some time. The process will go more quickly if the business trust's trustees take care of all liabilities first, including filing any tax or employment reports and paying any outstanding taxes, assessments or penalties to the State of West Virginia.

Filing fee is \$25. Please make checks payable to the **West Virginia Secretary of State**.

The Secretary of State will request, in writing, clearances from the West Virginia State Tax Department, Employer Coverage Unit (Workers Compensation) and Department of Employment Security. When those clearances have been received in writing by the Office of Secretary of State, which may take up to two years, a certificate of withdrawal will be prepared and mailed to the address indicated on the Articles of Withdrawal.

You will be held liable for all taxes, fees, penalties, interest, etc. until clearances are obtained from all departments and divisions listed above.

**IF YOU NEED ADDITIONAL INFORMATION CONCERNING FILING FOR A
WITHDRAWAL FOR YOUR COMPANY, PLEASE CONTACT OUR OFFICE AT 304-558-8000.**

Rev. 01/2023

Filing Submission Instructions - Business Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE *CUSTOMER ORDER REQUEST* FORM TO ONE OF THE OFFICES BELOW. CHOOSE STANDARD PROCESSING SERVICE.

THE FOLLOWING PROCESSING SERVICE IS AVAILABLE FOR THIS TYPE OF FILING:

① STANDARD PROCESSING (5-10 business days)

Standard filing fees apply. STANDARD PROCESSING requests may be submitted by:

- E-mail to CorpFilings@wvsos.com
- Fax
- Walk in delivery (drop off service only filed within 5-10 business days)

INCLUDE PAYMENT:

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the [e-Payment Authorization](#) form with your filing. **Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.**

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

BUSINESS SERVICE CENTERS

Standard and Expedited Filings

Charleston Office

One-Stop Business Center

13 Kanawha Blvd. West
Suite 201
Charleston, WV 25302
Phone: (304) 558-8000
Fax: (304) 558-8381
Hours: Mon. - Fri. 8:30a - 5:00p EST

Clarksburg Office

North Central WV Business Center

153 West Main Street
Suite G- Third Floor
Clarksburg, WV 26301
Phone: (304) 367-2775
Fax: (304) 627-2243
Hours: Mon. -Fri. 9:00a - 5:00p EST

Martinsburg Office

Eastern Panhandle Business Center

229 E. Martin Street
Martinsburg, WV 25401
Phone: (304) 356-2654
Fax: (304) 260-4360
Hours: Mon. - Fri. 9:00a - 5:00p EST

Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

Order Processing Requested*:

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Standard Processing*

(Avg. processing turnaround
5-10 business days)

*"Processing" indicates the filing will
be completed and registered in the
Secretary of State registration database.

Name of Entity:

Return filing to:
(Return Address)

Contact Name:

Phone:

Return Delivery Options: Email or Fax options do not receive a copy via mail; must be ordered separately.

☐

Email to:

☐

Fax to:

☐

Hold for Pick Up

☐

Mail to Return Address above

☐

FedEx: Acct #

☐

Other (explain below):

☐

UPS: Acct #

Order Description (include items being ordered and fee breakdown):

* **PLEASE NOTE:** Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. **Certified copy requests are an additional \$15 per certified copy being requested.**

Total Amount:

Payment Method:

☐

Check/Money Order

☐

Credit Card

(Must attach [e-Payment Authorization](#) request form including payment information.)

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Cash (*Do Not* mail cash)

☐

Pre-paid Acct #:

Attach signed pre-paid slip.

e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

Service Type: ☐ Fax ☐ E-mail ☐ Mail

Payment by Card *(card holder name and billing address required below)*

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit Card Number:

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V Code*

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* 3-digit number on back of VISA, MasterCard and Discover cards.
4-digit number on front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month:

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 Year:

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Amount to Charge Card: USD \$

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Order Information *(required)*

Entity Name:

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Card Holder Information:

Name as it appears on the account

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Billing Address

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City

--

 State

--

 Zip Code

--

Telephone

--

 Ext.

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Payment Information Storage Authorization *(optional)*

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

X _____ Date

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Authorized Signature

Payment Authorization *(required)*

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X _____ Date

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Authorized Signature

Not to Exceed Amount: USD \$

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