

**WISCONSIN DEPARTMENT OF REVENUE  
REQUEST AND WAIVER FOR UNSECURE ELECTRONIC TRANSMISSION  
OF DATA**

NAME OF TAXPAYER(S):	TAXPAYER'S E-MAIL ADDRESS:
WTN or FEIN:	
TAXPAYER'S REPRESENTATIVE(S): <sup>1</sup>	TAXPAYER'S REPRESENTATIVE'S E-MAIL ADDRESS: <sup>2</sup>

The Wisconsin Department of Revenue has a policy and practice of using encryption or secure file transfer protocol (SFTP) whenever electronically transmitting confidential taxpayer financial data. However, a taxpayer may request the Wisconsin Department of Revenue to electronically transmit confidential information via unsecure electronic transmission (i.e., unencrypted and no SFTP), by providing a written Request and Waiver form to the Wisconsin Department of Revenue.

The following statement will be included at the bottom of each transmission:

**CONFIDENTIALITY NOTICE:** This electronic mail transmission and any accompanying documents contain information belonging to the sender which may be confidential and legally privileged. This information is only for the use of the individual or entity to whom this electronic mail transmission was intended. If you are not the intended recipient, any disclosure, copying, distribution, or action taken in reliance on the contents of the information contained in this transmission is strictly prohibited. If you have received this transmission in error, please immediately contact the sender and delete the message. Thank you.

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<sup>1</sup> Taxpayer must list all individuals to whom the Wisconsin Department of Revenue is authorized to send confidential information via unsecure electronic transmission. If an individual is not listed, the Wisconsin Department of Revenue will NOT send unencrypted confidential information to that individual unless the taxpayer first files a revised Request and Waiver form that includes that individual.

<sup>2</sup> Taxpayer must provide the specific, direct e-mail address for all representatives authorized to receive confidential information from the Wisconsin Department of Revenue via unsecure electronic transmission. Taxpayer should not provide generic corporate e-mail addresses that would be accessible to personnel who are not so authorized.

To authorize the transmission of confidential information to you and/or your representative via unsecure, unencrypted electronic transmission, please sign this *Request and Waiver for Unsecure Electronic Transmission of Data*. This authorization will remain in effect until rescinded in writing.

**By signing, you acknowledge the following statement and waiver with respect to the account noted above:**

*I request the transmission of confidential information via unsecure electronic transmission. I understand that transmission via unsecure electronic transmission is not a secure transmission and the Wisconsin Department of Revenue is not responsible if confidential information sent via unsecure electronic transmission is accessed by third parties. By signing, taxpayer(s) hereby **waives** any and all claims or causes of action that may accrue as a result of the transmission of confidential or sensitive information via unsecure electronic transmission. Furthermore, by signing, taxpayer(s) hereby releases the Wisconsin Department of Revenue and its employees and representatives from any and all liability as a result of the transmission of confidential or sensitive information via unsecure electronic transmission.*

SIGNED BY* ( <i>taxpayer, corporate officer or representative with a power of attorney</i> )	DATE SIGNED
PRINT NAME OF SIGNATORY	CONTACT PERSON ( <i>if other than signatory</i> )
TITLE OR POSITION OF SIGNATORY	TELEPHONE NUMBER AND E-MAIL ADDRESS OF SIGNATORY
TITLE OR POSITION OF CONTACT PERSON	TELEPHONE NUMBER AND E-MAIL ADDRESS OF CONTACT PERSON
*Signatory, if not a corporate officer, partner or owner, certifies under penalty of perjury that he or she holds a power of attorney to execute this document.	