

## Electronic Filing or Electronic Payment Waiver Request

Request for E-File Waiver

Request for Electronic Funds Transfer Waiver

Legal Name / Business Name			Wis. Tax Number (WTN)	
Mailing Address			Type of Tax / Return	
City	State	Zip		

1. Describe the undue hardship to e-filing your return and include a detailed computation of any additional costs to complying with the e-filing requirement.

2. Identify the steps you have taken to timely e-file and why the steps were unsuccessful.

3. Explain the steps you will take to assure future e-filing.

*Under penalties of law, I declare that the information contained in this waiver request is true, correct and complete to the best of my knowledge.*

Signature of taxpayer or officer authorized to sign the return	Date
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Allow 60 days from time of filing waiver request for processing of the waiver request.

Place for filing: Wisconsin Department of Revenue

Address: PO Box 8902  
Madison WI 53708-8902

FAX Number: (608) 224-5761