

Wisconsin Department of Revenue Manufacturing and Utility Electronic Filing Waiver Request

Legal name/Business name			Wisconsin tax number (WTN)		
Mailing address			Form/Report/Appeal you are requesting a waiver for:		
City	State	Zip			

1. Describe the undue hardship of e-filing your form, report or appeal and include a detailed calculation of any additional costs in complying with the e-filing requirement.

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

3. Explain the steps you will take to ensure 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 form/report/appeal

Date

After you file your request, allow 10 business days for processing.

Submit request to:

Wisconsin Department of Revenue
 Manufacturing & Utility Bureau Director
 PO Box 8971, MS 6-97
 Madison WI 53708-8971
 Fax: (608) 264-6897