

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 any hardship or barrier to e-filing your form, report or appeal.			
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.			
4. Would you like a DOR staff member to contact you to provide assistance with or answer any questions about e-filing your form, report or appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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