

Note: This form is used when an employer is requesting a waiver of the requirement to submit wage attachment payments electronically.

EMPLOYER INFORMATION

Business Name: _____

Identification Number (FEIN, SSN, or Wisconsin WH number): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Telephone: _____

Please check the appropriate reason(s) for requesting a waiver:

- 1. Employer meets exception because files withholding return annually.
- 2. Employer does not have access to computer and/or the internet.
- 3. Would create hardship for other reason (explain): _____

Use the Employer's Wage Attachment Remittance Form (W-118a) when submitting payments. A fill-in form is available online at <http://www.revenue.wi.gov/forms/with/index.html>.

If you have additional questions regarding this waiver form, please call the Central Collection Section at (608) 264-9956.

Mail completed form to:

Wisconsin Department of Revenue
P.O. Box 8901
Madison, WI 53708-8901

Signature

Title

Date