

**Request for Waiver
of Requirement to Submit Employee
Wage Attachment Payments Electronically**

Note: Use this form to request a waiver of the requirement to make electronic wage attachment payments.
Begin sending your payments immediately after requesting a waiver to:

Wisconsin Department of Revenue
PO Box 8906
Madison WI 53708-8906

Employer Information				
Business name		Identification number (FEIN, SSN, or Wisconsin tax number)		
Address				
City	State	Zip	Email address	
Contact name		Telephone number () -		

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

- 1. I file my withholding return annually.
- 2. I do not have access to a computer or the internet.
- 3. I use a payroll provider that is unable to pay electronically.
If checked, what payroll provider? _____
- 4. This creates a hardship for another reason (explain): _____

- Use the Employer's Wage Attachment Remittance Form (W-118a) to submit payments. A fill-in form is available online at revenue.wi.gov/TaxForms2017through2019/W-118af.pdf.
- If you have more questions about this form, please call the department at (608) 264-9956
- Waiver requests are subject to review and may require recertification

Mail completed form to:

Wisconsin Department of Revenue
PO Box 8906
Madison WI 53708-8906

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations enacted as of November 15, 2021: secs. 71.65 and 71.91(7), Wis. Stats., and sec. Tax 1.12, Wis. Adm. Code.

Contact signature	Title	Date
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