

**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 8960
Madison WI 53708-8960.

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. 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/DORForms/W-118a.pdf.
- If you have more questions about this form, please call the department at (608) 264-9956.

Mail completed form to:

Wisconsin Department of Revenue
PO Box 8901
Madison WI 53708-8901

Contact signature	Title	Date
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