

Electronic Filing or Electronic Payment Waiver Request

Request for E-File Waiver

Request for Electronic Funds Transfer Waiver

Legal Name / Business Name			Wis. Tax Number (WTN)	
Mailing Address			Type of Tax / Return	
City	State	Zip		

1. Describe the undue hardship to e-filing your return and include a detailed computation of any additional costs to complying with the e-filing requirement.

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

3. Explain the steps you will take to assure 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 return	Date
--	------

Allow 60 days from time of filing waiver request for processing of the waiver request.

Place for filing: Wisconsin Department of Revenue

Address: PO Box 8949
Madison WI 53708-8949

FAX Number: (608) 267-1030