

# Employer Withholding Electronic Filing Waiver Request

Complete this form to request a waiver if you are unable to file and/or pay your Withholding Tax and/or file your Employer W-2/1099s electronically or need more time to do so. Indicate the electronic waiver(s) being requested and provide all information.

Filing/Paying Withholding Tax     Filing Employer W-2/1099s - Number of Employees \_\_\_\_\_

Waivers may be granted for one Tax Year and will expire with the filing of the December Tax Period to include the VA-6 and W-2s/1099s for that year. If you need additional time once the waiver period ends, you must submit a new waiver request.

## **Business Information**

**Tax Preparers submitting requests for multiple businesses** - Provide **your** contact information below. Attach a list of all businesses represented in this request and include the Business Name, Sole Proprietor Name if applicable, and Federal Employer Identification Number (FEIN) of each. The Approval or Denial letter will be sent to the employer.

All others provide the information requested below.

Business Name: \_\_\_\_\_

If a Sole Proprietor, First and Last Name of Owner: \_\_\_\_\_

FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **Reason for Waiver**

Check the reason a waiver is being requested and provide all information requested.

- No Computer
- Software Doesn't Support Electronic Filing – Provide the name of the software product being used.  
\_\_\_\_\_
- Need More Time – Provide the specific reason and the date you expect to be ready. \_\_\_\_\_  
\_\_\_\_\_
- No Internet Access Available in Area
- Business Closed / Closing – Provide the date the business closed or is closing. \_\_\_\_\_
- Other – State the specific reason. \_\_\_\_\_  
\_\_\_\_\_

**Fax to: (804) 367-3015    OR    Mail to: Virginia Department of Taxation  
Waiver Requests  
P.O. Box 27423  
Richmond, VA 23261**