## **Electronic Filing Waiver Request**

Complete this form to request a waiver if you are unable to file and/or pay electronically, or need more time to do so.

Waivers may be granted for up to one year and will expire with the June tax period due in July. 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 business.

All othe	ers provide the information requested below.
Busine	ss Name:
lf a Sol	e Proprietor, First and Last Name of Owner:
Mailing Address:	
Contac	t Name: Phone Number:
<u>Tax Type</u> Check each tax type that applies to your request.	
	Communications Taxes
	Motor Vehicle Rental Tax
	All Tobacco Products Tax
	Vending Machine Tax
Reason for Waiver Check the reason a waiver is being requested and provide all information.	
	No Computer
	No Internet Access Available in Area
	Need More Time – Provide the specific reason and the date you expect to be ready.
	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