

# Employer Withholding Electronic Filing Waiver Request Returns and Payments

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Complete this form to request a waiver if you are unable to submit your **withholding tax returns and payments** electronically or need more time to do so. Provide all information requested below.

## **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: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

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
- 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**