

Employer Withholding Electronic Filing Waiver Request W-2s/1099s

Complete this form to request a waiver if you are unable to file your **W-2/1099s** 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**