

WAIVER REQUEST FROM FILING QUARTERLY WAGE REPORT(S) ELECTRONICALLY

PART I - EMPLOYER INFORMATION

Employer Name:		Date:
Mailing Address:		Employer Account Number:
City/State/ZIP:		Federal ID Number:
Contact Name:	Title:	Telephone Number: ()

PART II - WAIVER REQUEST INFORMATION

1. This request is for TAX YEAR ____ QUARTER(S) _____
2. Is this the first year you have submitted a waiver request?
 YES NO
3. Do you presently own a computer?
 YES NO
4. Briefly explain your need for a waiver:

The waiver request must be filed within 90 days of becoming subject to the electronic filing requirement. Approved waivers are valid for six months, or longer at the Employment Development Department's discretion. Employers who receive a waiver are required to file a paper *Quarterly Contribution Return and Report of Wages (Continuation)* (DE 9C) form by the delinquent date. Questions may be directed to (916) 654-6845. The waiver request should be faxed to (916) 654-0302 or mailed to:

Employment Development Department
e-Services Section, MIC 15A
P.O. Box 826880
Sacramento, CA 94280-0001

PART III - SIGNATURE

Under penalties of perjury, I declare that I have examined this form, including any accompanying statements, and, to the best of my knowledge and belief, it is true, correct and complete.		
Signature:	Title:	Date: