

Request for Waiver from Electronic Filing

DR-654 R. 01/13 TC

Rule 12-24.011 Florida Administrative Code Effective 05/13

Tay as a suptraction of	Two of tour
Tax account number:	Type of tax:
Business name:	FEIN or SSN:
Contact person:	Phone number:
Contact address:	Fax number:
	E-mail address:
Some taxpayers are not able to file electronically for various recan use our system.	easons. Please answer these questions to help us decide if yo
 Does your business have a computer with a 486/66-MHz Does your business have access to the Internet? [] you use programmers, software developers, or service this tax? [] yes [] no If yes, what is the person's/company's name:	es [] no providers who are not your employees to calculate, report, or pay
I have attached a letter containing more information on work	
I have <u>not</u> attached a letter containing more information of	on why I should be allowed to file paper returns.
Read the statements below and initial each line to indicate you information on questions one and two.	u understand each statement and provide the requested
1 I understand that if my waiver is approved and I am a years. I want to file using paper returns until / / M M D D Y Y Y	allowed to file paper returns, this waiver may be good for up to two
using the method checked below: ACH Debit or ACH Credit. or	ment and Authorization for e-Services Program) and choose to pay
	red to file using paper returns, I must file using a Department- ties if I file my tax return using a form not approved by the
·	s if I do not fill out this form completely and enroll to pay
	irns, my approval will not be retroactive. I must contact the may receive for filing paper returns before I was approved to do so.
I, the undersigned, agree that the Department will return this or contains inaccurate information. I further agree that if I fail working days before my first electronic tax return is due to the electronically for such taxable period, since the Department waiver request.	to submit a complete, accurate request at least 10 consecutive Department, I will be required to submit such return
Print Name (Must be corporate officer or owner)	Title
Signature	Date

Complete and mail this form to:

Account Management Mail Stop 1-5730 Florida Department of Revenue 5050 W Tennessee St Tallahassee, FL 32399-0160 Fax 850-488-5997

Social Security Numbers

Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at floridarevenue.com and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.