



## Waiver Request From Filing Information Returns Electronically

### Firm Information

Complete the following information.

Firm name			FEIN	
Contact name	Title	Phone	Waiver request for taxable year	
Address (number and street or PO box)			Apt. No./Ste. No.	PMB/Private Mailbox
City			State	ZIP Code

### Waiver Request Information

Complete the following Information.

1. This waiver request is for the following returns:

1098     1099     5498     W-2G

Anticipated volume, all returns: \_\_\_\_\_ If other, please identify types: \_\_\_\_\_

2. Is this the first year you submitted a waiver request?

Yes     No

3. Reason for your waiver request:

4. Have you been granted an Internal Revenue Service (IRS) waiver?

Yes     No

### Important Information

Approved waiver requests are valid only for the taxable year indicated. Subsequent taxable year waivers must be filed separately on form FTB 6274 or the federal equivalent. If this waiver is approved, the applicable paper return copies must be filed with us by the filing due date of May 31 for IRS Form 5498 and February 28 for all other information returns. If the corresponding due date falls on a Saturday, Sunday, or legal holiday, the due date is extended to the next business day.

### Signature Authorization

I hereby certify under penalty of perjury under the laws of California, that all information supplied on this form including any attachment is true, correct, and complete to the best of my knowledge and ability.

Print name	Title	Phone
Signature		Date

## Where to Send

Mail completed, signed, and dated waiver request to the following address.

**Mail:** STATE OF CALIFORNIA  
DATA RESOURCES AND SERVICES MS A181  
**FRANCHISE TAX BOARD**  
PO BOX 1468  
SACRAMENTO CA 95812-1468

Fax completed, signed, and dated waiver request to IRPHELP.

**Fax:** 916.855.5555  
**Email:** IRPhelp@ftb.ca.gov

## Franchise Tax Board Privacy Notice on Collection for Third Party Contacts

Our privacy notice can be found online. Go to **ftb.ca.gov/Privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/Forms** and search for **1131J** to locate FTB 1131J, *Franchise Tax Board Privacy Notice on Collection for Third Party Contacts*. To request this notice by mail, call 800.852.5711.

## Connect With Us

**Web:** **ftb.ca.gov**  
**Phone:** 800.852.5711 from 8 a.m. to 5 p.m. weekdays, except state holidays  
916.845.6500 from outside the United States  
**California Relay Service:** 711 or 800.735.2929 for persons with hearing or speaking limitations