



# Waiver Request Form

Use this form to request a waiver from reporting check casher transactions in 2007 calendar year. Waiver requests must be postmarked no later than March 31, 2008. If we approve your 2007 calendar year reporting waiver request, you are expected to report your information in 2008. Generally, we will mail or fax you an approved copy of your waiver request for your records within 45 days of the date we receive it.

<b>Part I Check Casher Information</b>			
1. Business Name	2. FEIN	3. SEIN	4. DOJ Permit Number
5. Street Address			6. Suite Number
7. City	8. State		9. Zip
10. Telephone Number			11. FAX Number
<b>Part II Waiver Request (Check the appropriate box.)</b>			
12. I request a waiver from reporting the required transactions for 2007 due to the following: <input type="checkbox"/> I am unable to report the required transaction information due to inadequate computer resources. <input type="checkbox"/> I am unable to report the required transaction information because I was unable to make the necessary modifications to my existing system in time to comply with the 2007 calendar year reporting requirements.  <b>Note:</b> Even if a waiver is granted for information reporting for 2007, I agree to maintain the data for five years.			
<b>Check Casher Transaction Information (Complete the following questionnaire)</b>			
13. Approximately how many of your customers presented checks in the calendar year 2007 which totaled over \$10,000?  1 – 100      101 – 250      250 – 500      More than 500			
<b>Authorized Representative</b>			
Under penalty of perjury of the laws of the State of California, 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.			
Name (Please print) _____		Title _____	
Signature _____		Date _____	

Please contact our call center if you have any questions about information reporting.

Telephone: (916) 845-6304  
 Fax Number: (916) 845-0412  
 Email Address: [ckcasherhelp@ftb.ca.gov](mailto:ckcasherhelp@ftb.ca.gov)  
 Hours of Operation: 7 a.m. to 4 p.m.

Mail to:  
 CHECK CASHER INFORMATION REPORTING MS A181  
 FRANCHISE TAX BOARD  
 PO BOX 1468  
 SACRAMENTO CA 95812-1468