



Waiver Request From Filing Information Returns Electronically

Firm Information

Complete the following information.

Firm name			FEIN	
Contact name	Title	Phone	Waiver request for tax 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 tax year indicated. Subsequent tax 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