



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

916.845.6304

Waiver Request From Filing Information Returns Electronically

Firm Name:		Date: / /
Mailing Address:		Federal Employer Identification Number:
City/State/ZIP Code:		Waiver Request for Tax Year: _____
Contact Name:	Title:	Telephone Number . .

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 waiver?
 Yes No

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.

I declare that I examined the information provided in this form, including any accompanying statements. To the best of my knowledge and belief, it is true, correct, and complete.		
Signature:	Title:	Date: / /

Fax completed form to: IRPHELP
 916.855.5555