

E-FILE AND E-PAY MANDATE WAIVER REQUEST

An approved waiver is valid for one year beginning with the quarter of the request date. If another waiver is needed at the end of the approval period, a new waiver request must be submitted. For additional information or questions regarding the waiver, please visit our website at www.edd.ca.gov/EfileMandate or contact the Taxpayer Assistance Center at 888-745-3886.

This waiver request can be faxed to 916-255-1181 or mailed to:

Employment Development Department
Document and Information Management Center
PO Box 989779
West Sacramento, CA 95798-9779

Important: This form may not be processed if any information is missing.

A. EMPLOYER INFORMATION (Complete all items in this section.)	Employer Payroll Tax Account Number									
				-				-		
	Business Name									
Legal Name										
B. REASON (Select the reason for filing this waiver.)	<input type="checkbox"/> Lack of automation.									
	<input type="checkbox"/> Severe economic hardship.									
	<input type="checkbox"/> Current federal exemption from filing electronically.									
	<input type="checkbox"/> Other good cause. Please explain below.									
<hr/> <hr/> <hr/> <hr/> <hr/>										
<i>Note: Sections 1088(h)(3) and 1110(g)(3) of the California Unemployment Insurance Code defines waiver criteria.</i>										
C. DECLARATION	<i>I certify under penalty of perjury that the above information is true, correct, and complete. I further certify that I have the authority to sign on behalf of the above business.</i>									
	Signature							Date		
								/ /		
Print Name				Title			Phone Number			
							() -			