





You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you.

Contact us at the address or phone number listed on this form.

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	<b>,</b>	Inform	

a. Taxpayer name			D.	b. Texas 11-aigit taxpayer number				
Electronic Reporti	ng Penalty Waiver (If ye	ou have more tha	n one request, b	e sure	to list each request se	eparately.)		
a.	Tax Type		b.		Ending date for ch waiver request	e. Year		
Electronic Penalty	Waiver Reason							
Briefly explain why the	fee for failing to file or pay e	lectronically should	be waived.					
Contact Informatio	on							
Preferred contact method (Ch	eck one.)	Email	Mail					
Company/requestor's name (if different from the taxpayer)				Date				
First and last name				Job title				
Email					Phone (Area code and number)			
Address		City		State	ZIP code			
		-1		1	l			
	quest by mail, email or FAX.							
	oller of Public Accounts ectronic Reporting Section		eft.waiv	ers@cp	a.texas.gov			
	X 78774-0100		FAX:51	2-936-0	008			

If you need additional information about requesting a waiver, call us at 1-800-531-5441, extension 33630.

All waivers are worked in the order they are received. Allow 28 days for us to contact you.