



**FLORIDA**

**Request for Waiver from Electronic Filing**

DR-654

R. 01/13

TC

Rule 12-24.011

Florida Administrative Code

Effective 05/13

Business partner or Tax account number: \_\_\_\_\_

Type of tax: \_\_\_\_\_

Business name: \_\_\_\_\_

FEIN or SSN: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Contact address: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Some taxpayers are not able to file electronically for various reasons. Please answer these questions to help us decide if you can use our system.**

- 1. Does your business currently file information electronically with other businesses or government agencies? [ ] yes [ ] no
- 2. Does your business have a computer with a 486/66-MHz processor or higher? [ ] yes [ ] no
- 3. Does your business have access to the Internet? [ ] yes [ ] no
- 4. Do you use programmers, software developers, or service providers who are not your employees to calculate, report, or pay this tax? [ ] yes [ ] no

**If yes**, what is the person's/company's name: \_\_\_\_\_

I have attached a letter containing more information on why I should be allowed to file paper returns.

**or**

I have **not** attached a letter containing more information on why I should be allowed to file paper returns.

**Read the statements below and initial each line to indicate you understand each statement and provide the requested information on questions one and two.**

- 1. \_\_\_ I understand that if my waiver is approved and I am allowed to file paper returns, this waiver may be good for up to two years. I want to file using paper returns until  
 /  /   
M M D D Y Y Y Y
- 2. \_\_\_ I understand I still must pay electronically.
  - a.  I have attached a completed DR-600 (*Enrollment and Authorization for e-Services Program*) and choose to pay using the method checked below:  
 ACH Debit or  ACH Credit.  
**or**
  - b.  I am already enrolled to pay electronically.
- 3. \_\_\_ I understand if my waiver is approved and I am allowed to file using paper returns, I must file using a Department-approved form. I understand I will be charged penalties if I file my tax return using a form not approved by the Department.
- 4. \_\_\_ I understand I will not be allowed to file paper returns if I do not fill out this form completely and enroll to pay electronically (complete DR-600 if necessary).
- 5. \_\_\_ I understand if I am approved to file using paper returns, my approval will **not** be retroactive. I must contact the Department concerning any bills I have received or may receive for filing paper returns **before** I was approved to do so.

**I, the undersigned, agree that the Department will return this request to me without processing the waiver if it is incomplete or contains inaccurate information. I further agree that if I fail to submit a complete, accurate request at least 10 consecutive working days before my first electronic tax return is due to the Department, I will be required to submit such return electronically for such taxable period, since the Department will not have a sufficient period of time in which to process the waiver request.**

Print Name (Must be corporate officer or owner)

Title

Signature

Date

**Complete and mail this form to:**  
Account Management Mail Stop 1-5730  
Florida Department of Revenue  
5050 W Tennessee St  
Tallahassee, FL 32399-0160  
Fax 850-488-5997

**Social Security Numbers**  
Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at [www.myflorida.com/dor](http://www.myflorida.com/dor) and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.