



Request for Waiver from Electronic Filing

DR-654 R. 01/09

Rule 12-24.011 Florida Administrative Code Effective 06/09

Business partner or Tax account number: Business name: Contact person: Contact address:

Type of tax: FEIN or SSN: Phone number: 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 MM/DD/YYYY.
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
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

Mail your completed Form DR-654 to: e-Services Unit Florida Department of Revenue PO Box 5885, Tallahassee FL 32314-5885 Or fax to: 850-922-5088