

**Note:** This form is used when an employer is requesting a waiver of the requirement to submit wage attachment payments electronically.

**EMPLOYER INFORMATION**

Business Name: \_\_\_\_\_

Identification Number (FEIN, SSN, or Wisconsin WH number): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please check the appropriate reason(s) for requesting a waiver:

- 1. Employer meets exception because files withholding return annually.
- 2. Employer does not have access to computer and/or the internet.
- 3. Would create hardship for other reason (explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Use the Employer's Wage Attachment Remittance Form (W-118a) when submitting payments. A fill-in form is available online at <http://www.revenue.wi.gov/forms/with/index.html>.

If you have additional questions regarding this waiver form, please call the Central Collection Section at (608) 264-9956.

**Mail completed form to:**

Wisconsin Department of Revenue  
P.O. Box 8901  
Madison, WI 53708-8901

Signature

Title

Date