INFERANCE	Request for Waiver fro	om Electronic Filing	DR-654 R. 01/13
EPARTMENT OF			Rule 12-24.01 Florida Administrative Cod Effective 05/1
FLORIDA			
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 taxpavers are not able to file	electronically for various reas	sons. Please answer these questions	
can use our system.			
 Does your business have a c Does your business have ac Do you use programmers, so this tax? [] yes [] n 	computer with a 486/66-MHz pr ccess to the Internet? [] yes oftware developers, or service p no	providers who are not your employees to	0
	person's/company's name:	I should be allowed to file paper returns	
or	anning more information on why	Tshould be allowed to life paper returns	
I have <u>not</u> attached a letter o	containing more information on	why I should be allowed to file paper ret	turns.
Read the statements below and initial information on questions one and t		inderstand each statement and provid	de the requested
years. I want to file usin M M D D 2. I understand I still must	ng paper returns until	owed to file paper returns, this waiver m nt and Authorization for e-Services Prog	
using the metho	d checked below:	it and Authorization for e-services Frog.	ram and choose to pay
•	r		
3 I understand if my waive		to file using paper returns, I must file us s if I file my tax return using a form not a	
-	e allowed to file paper returns if	I do not fill out this form completely and	d enroll to pay
5 I understand if I am app	proved to file using paper returns	, my approval will not be retroactive. I receive for filing paper returns before	
I, the undersigned, agree that the D or contains inaccurate information. working days before my first electr	Department will return this req . I further agree that if I fail to ronic tax return is due to the D	uest to me without processing the was submit a complete, accurate reques pepartment, I will be required to subm not have a sufficient period of time in	aiver if it is incomplete t at least 10 consecutive iit such return
	ate 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 floridarevenue.com and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.