

Request for Waiver of Penalty for Late Report and/or Payment

Austin, TX 78774-0100



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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Taxpayer	Intorm	เลtเดท
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а. тахрауст патте		D. IEXAS II-ui	git taxpayer ii	umber	
Penalty Waiver Request Maximum Waiver If (If you are requesting a waiver for more than one tax type	Request not to exceed 6 mol	nthly, 2 quarterly or sure to list each reque	<mark>1 annual ta</mark> est separate	ıx perio	od(s) per taxpayer.
c. Enter tax type for which the waiver is requested as shown on tax notice or report. (For example, if sales tax enter sales tax, if franchise tax, enter franchise tax, etc.)	d. Enter <u>filing type</u> as either Yearly, Quarterly, or Monthly.	e. Enter the <u>last month</u> for tax report period	repo	er the <u>ir</u> the rt was ue.	g. Enter <u>amount</u> of penalty requesting to be waived.
			Total amo	ount	
Penalty Waiver Reason Briefly explain why the report and/or payment was I	late, and any steps taken to o	orrect the problem th	at caused t	he late	filing or payment.
Contact Information					
Preferred contact method (Check one.) Email Mail Company/request	or's name (if different from the taxpa	yer)		Date	
First and last name			Job title		
Email			Phone (Area	code ai	nd number)
Address	City	State		ZIP	code code
Send your completed request by mail, email or FAX Comptroller of Public Accounts Attn: Advanced Processes Sectior 111 E. 17th St.		waivers@cpa.te	exas.gov	<u>'</u>	

f you need additional information about requesting a waiver call us at 1 900 521 5441, evt. 24560, or 512 462.

If you need additional information about requesting a waiver, call us at 1-800-531-5441, ext. 34560, or 512-463-4560.

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

FAX: 512-936-6225 or 1-888-908-9995