

STATE OF NEVADA  
DEPARTMENT OF EMPLOYMENT, TRAINING, AND REHABILITATION  
**E-FILE WAIVER REQUEST FORM**

Name of Business		
Mailing address		
City	State	ZIP code
Employer Account Number	FEIN	

**Who May Use This Form:** Employers may request a waiver from the requirement to e-file their quarterly Employer's Contribution and Wage reports by submitting the completed *E-File Waiver Request Form*. A waiver may be granted if it can be established there is a lack of automation, a severe economic hardship, or other good cause, that exists per NAC 612.

**NOTE: This form should be received by the Department at least 30 days before the Employer's Contribution and Wage report is originally due.**

You must submit this form yearly to request waiver of the e-file requirement. The Department will notify you if the request has been approved or denied.

1. The waiver requested is beginning with quarter/year \_\_\_\_\_.
2. Provide a statement for the specific reason(s) why you are unable to comply with the regulation. Attach any supporting documentation.

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*I certify under penalty of perjury that the above information is true, correct, and complete, and I have the authority to sign on behalf of the above business.*

Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

<b>FOR DEPARTMENT USE ONLY</b>
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The Department has reviewed this request for waiver from the requirement to e-file quarterly contribution and wage reports.

The request has been: Date of determination: \_\_\_\_\_  
 Approved  Denied Initials of Supervisor: \_\_\_\_\_

Beginning quarter/year \_\_\_\_\_.  
Explanation for denial, if applicable:

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**Completed forms may be sent by:**

Fax: 775-684-6367

Mail: Employment Security Division, Attn: Contributions Section, 500 East Third Street, Carson City, NV, 89713

## **INSTRUCTIONS FOR COMPLETING E-FILE WAIVER REQUEST**

The waiver will not be processed if any information is missing.

- Enter the business name
- Enter the mailing address, City, State and Zip Code
- Enter the nine-digit employer payroll tax account number and Federal Identification number.
- Provide a statement for the specific reason(s) why you are unable to comply with the regulation.
- Sign the form under penalty of perjury. A request with a missing signature will not be processed.
- Date the form, print the name and title of the person, and phone number.

### **GENERAL INFORMATION**

Waiver requests cannot be applied retroactively. Once a waiver request is received and the review process is completed, a response letter will be sent out in approximately 10 business days. If approved, the time period for the waiver will be stated on the letter. Please keep the waiver response letter for your records. Upon the expiration of the approved waiver period, a new waiver request must be submitted outlining the reason(s) why you are unable to comply with regulation requirements.

### **REASON FOR WAIVERS**

You must show a good faith effort to comply with the e-file requirements before a waiver will be granted. The waiver request must include a statement as to the specific reason(s) why you are unable to comply with the regulation. Additional supporting documentation can be submitted along with the waiver request. Computer system failure, break in internet coverage or failure to maintain internet access would not be considered good cause for a waiver.

### **SIGNATURE**

The e-file waiver must be signed by the employer or duly authorized agent. If the employer is unable to sign the request due to illness, absence, or other good cause, any person standing in close relationship to the employer may sign the application. However, the signer must state the reasons for his/her signature and his/her relationship to the employer.

### **WAIVER REQUEST DUE DATE**

The initial E-File Waiver Request form should be submitted by the end of the quarter you are requesting the waiver to begin. If approved, the waiver will begin in the quarter received and be effective through the remainder of the calendar year. Upon the expiration of the initial approved waiver period, you must start to electronically file. If you are still unable to comply with the electronic filing requirement, a new E-File Waiver Request form should be submitted by December 31st for the following calendar year.

Quarter Requested	Waiver
Quarter 1: January 1 - March 31	Received by March 31
Quarter 2: April 1 - June 30	Received by June 30
Quarter 3: July 1 - September 30	Received by September 30
Quarter 4: October 1 – December 31	Received by December 31

### **ADDITIONAL INFORMATION**

For additional information or questions regarding the e-file mandate, contact the Employer Account Service Unit at 1-866-429-9757