



REQUEST FOR WAIVER FROM E-FILING QUARTERLY WAGE REPORTS

State Form 56625 (R / 5-23)

Confidential record pursuant
to IC 4-1-16, IC 22-4-19-6

Indiana Department of Workforce Development
10 N. Senate Ave.
Indianapolis, IN 46204-2277

INSTRUCTIONS: *If you are self-reporting quarterly wage and employment reports and need to be excluded from the requirement to e-file, please complete this form and return it to DWD prior to the end of the earliest quarter for which the waiver is requested. Once the waiver has been approved, the employer does not need to file additional or supplemental waiver requests. Please go to www.in.gov/dwd/SUTA.htm for additional information or clarification.*

SECTION ONE – IDENTIFICATION OF THE EMPLOYER:

What is the SUTA number currently assigned to the business you are reporting?

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What is the name of your business as registered with DWD?

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What is the FEIN number of the employer as registered with DWD?

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SECTION TWO – REASON FOR REQUEST (CHECK ALL THAT APPLY.)

I am representing myself and I :

Have a disability

Have limited English proficiency

Other (please explain)

Other - _____

SECTION THREE – AUTHORIZATION

If this form was completed or otherwise prepared for signature by another person, please provide contact information for the Preparer.

First
Name

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Last
Name

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Telephone

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Preparer's Signature: _____

Date

_____/_____/_____

Provide the name and contact information for the person who is authorizing this request on behalf of the employer. If the employer is a Partnership or a Sole Proprietorship, the owner or partner (self) must make the request. If the employer is a Corporation, the requestor should be a corporate officer. This form cannot be processed without a valid signature.

First
Name

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Last
Name

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Telephone

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IMPORTANT: In signing this form, I attest that the information provided is true and accurate. I further attest that I am a person of sufficient authority with regard to the named entity to file this document.

Requestor's Signature: _____

Date

_____/_____/_____

Relationship to employer:

Self (partner or owner)

Corporate Officer

Title

Return completed forms to:

DWD – Employer Waiver Requests
10 N. Senate Ave.
Indianapolis, IN 46204-2277

Fax: 317-233-2706

Questions: 1-800-891-6499

Handbook: www.in.gov/dwd