

## Form DRS-EWVR Electronic Filing and Payment Waiver Request

**General Instructions:** Complete **Form DRS-EWVR, *Electronic Filing and Payment Waiver Request***, to request a waiver of an electronic filing or electronic payment requirement. Email requests to [ct.efile@ct.gov](mailto:ct.efile@ct.gov) or fax to 860-297-4761.

Only a fully completed Form DRS-EWVR will be considered for waiver by the Department of Revenue Services (DRS).

Form DRS-EWVR **must** be signed by the taxpayer or, in the case of corporations, estates, and trusts, the person authorized to execute the return or pay the tax.

See **Policy Statement 2020(2), *Request for Waiver of Electronic Filing and Electronic Payment Requirement***.

| Part I Taxpayer Information                                    |        |  |   |               |          |
|--|--------|--|---|---------------|----------|
| Taxpayer's name or business name                               |        |  | Social Security Number or Connecticut Tax Registration Number |               |          |
| Mailing address (number and street)                            | PO Box | Apt. no.                                 | City  | State         | ZIP code |
| Physical address (number and street) (if different from above) | PO Box | Apt. no.                                 | City  | State         | ZIP code |
| Daytime telephone number<br>— —                                |        | For DRS use <b>only</b> - Case ID Number |   | Notice number |          |

### Part II Electronic Filing and Payment Waiver Request

- A. List the tax type(s) for which the waiver to file or pay electronically is requested.
- B. List the date you were notified of your obligation to file or pay electronically.
- C. State whether you currently pay any bills or meet other financial obligations by electronic means.
- D. Describe in detail why filing a tax return electronically or making a tax payment electronically will create an undue hardship or; if you have been filing returns with or making payments electronically to DRS, explain how your circumstances have changed so that meeting such obligation would now create an undue hardship. Include a description of any disabilities or conditions that may prevent you from meeting this obligation.

**Complete Declaration section and sign on reverse.**

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**Declaration**

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DECLARATION – I declare under the penalty of law that:

- I have read and understand the provisions of PS 2020(2);
- I have answered each question to the best of my knowledge and belief;
- I have attached all documentation that supports my electronic filing and electronic payment waiver request; **and**
- I understand that the penalty for willfully delivering a false application to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

|                   |           |            |      |
|-------------------|-----------|------------|------|
| <b>Sign Here.</b> | Signature | Print name | Date |
|                   | Title     |            |      |

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**For Further Information**

Call DRS Monday through Friday, 8:30 a.m. to 4:30 p.m. at:

- **800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **or**
- **860-297-5962** (from anywhere).

**TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.

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**For More Information on EFT**

Contact the DRS Electronic Commerce Unit:

- Online at **ct.efile@ct.gov**; **or**
- Call **860-297-4973** during business hours, Monday through Friday, 8:30 a.m. to 4:30 p.m.