



**REQUEST FOR WAIVER FROM ELECTRONIC FILING**

DR-654  
R. 12/01

Business Partner or  
Tax Account Number: \_\_\_\_\_ FEIN or SSN: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**The questions below are to assist you in determining your electronic filing capability.**

1. Does your business or company currently file information or data electronically with other businesses or government agencies?  
 yes  no
2. Does your business or company have an IBM or IBM-compatible computer (PC) with DOS 3.1 or Windows 3.1 or higher?  
 yes  no
  - A. Does your business or company have access to equipment with a minimum of 512K RAM?  
 yes  no
  - B. Does your business or company have access to equipment with a minimum 1 MB available hard disk space?  
 yes  no
  - C. Does your business or company have a modem (minimum 2400 baud)?  
 yes  no
3. Does your business or company have access to the Internet?  
 yes  no

If you answered "no" to question 1, any part of question 2, and question 3, you may meet the criteria for a waiver from electronic filing. **The Department of Revenue recognizes that certain conditions may preclude your business from purchasing the necessary equipment to file electronically and does not require the purchase of computer equipment.** All approved waivers must be renewed upon expiration, even if there is no change in your reporting capability. If there is a change in your reporting capability as stated above, you must begin filing electronically or submit a revised *Request for Waiver from Electronic Filing*.

If you answered "yes" to question 1, all of question 2, or question 3, you are capable of electronic filing. If there are additional reasons for requesting a waiver from the requirement, you must provide a written explanation on the back of this form.

Your request will be evaluated and a written response will be mailed to you. **Remember**, you are required to remit payments by Electronic Funds Transfer (EFT) even if a waiver from electronic filing is granted.

I certify that the above information is true and accurate.

Name (please print)	Signature	Date
Title		

Mail your completed Form DR-654 to : e-Services Unit  
Florida Department of Revenue  
PO Box 5885  
Tallahassee FL 32314-5885