

**IL-900-EW-ST**  
**Electronic Waiver Request for Sales and Use Taxes**



**Account ID:** \_\_\_\_\_

**Business name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

Complete the following to request a waiver from the mandatory electronic filing requirement for Sales and Use Taxes. Failure to electronically file your return without Department approval of this waiver request may result in processing delays or the assessment of a penalty. For certain Sales and Use Taxes and fees, failure to submit your return electronically will also result in the disallowance of your retailer's discount or collection allowance. If granted, this waiver may be subject to review and revocation at any time by the Department.

**Step 1: Enter the following information**

**Requestor Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_

Company website: \_\_\_\_\_

**Preparer Information (if applicable)**

Name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Company website: \_\_\_\_\_

**Step 2: Reason for waiver**

Describe, in detail, the reason for your request to be excluded from the mandatory electronic filing requirement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Step 3: Signature**

Under penalties of perjury, I state that, to the best of my knowledge, this information is true, correct, and complete. I understand that the Department may revoke this waiver at any time.

Requestor signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submit this form to the following address:

**ILLINOIS DEPARTMENT OF REVENUE**  
**PO BOX 19013**  
**SPRINGFIELD IL 62794-9013**

**FAX: 217 524-9001**

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information could result in this form not being processed and may result in a penalty.