Comptroller of Public Accounts FORM 89-224 (Rev.2-20/3)

PRINT FORM RESET FORM

* 8 9 2 2 4 0 0 W 0 2 2 2 0 3 *

Request for Waiver of Penalty for Late Report and/or Payment

You have certain rights *under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this form.*

Taxpayer Information

a. Taxpayer name	b. Texas 11-digit taxpayer number

Penalty Waiver Request

Maximum Waiver Request not to exceed 6 monthly, 2 quarterly or 1 annual tax period(s) per taxpayer.

(If you are requesting a waiver for more than one tax type or for more than one period, be sure to list each request separately.)

c. **Enter tax type for which the waiver is requested as shown on tax notice or report. (For example, if sales tax enter sales tax, if franchise tax, enter franchise tax, etc.)**	d. **Enter filing type as either Yearly, Quarterly, or Monthly.**	e. **Enter the last month for the tax report period.**	f. **Enter the year the report was due.**	g. **Enter amount of penalty requesting to be waived.**
			Total amount	

Penalty Waiver Reason

Briefly explain why the report and/or payment was late, and any steps taken to correct the problem that caused the late filing or payment.

Contact Information

Preferred contact method *(Check one.)* ☐ **Email** ☐ **Mail**	Company/requestor's name *(if different from the taxpayer)*		Date
First and last name			Job title
Email			Phone *(Area code and number)*
Address	City	State	ZIP code

Send your completed request by mail, email or FAX.

Comptroller of Public Accounts
Attn: Advanced Processes Section
111 E. 17th St.
Austin, TX 78774-0100

waivers@cpa.texas.gov

FAX: 512-936-6225 or 1-888-908-9995

If you need additional information about requesting a waiver, call us at 1-800-531-5441, ext. 34560, or 512-463-4560. All waivers are worked in the order they are received. Allow 28 days for us to contact you.