



Electronic Wage Reporting Waiver

Return this form to IPERS, P.O. Box 9117, Des Moines, IA 50306-9117.

This form must be submitted if you are currently unable to comply with the electronic media filing requirement and are requesting a waiver allowing you to submit your monthly wage reports via paper or other media.

An approved waiver does not exempt employers from the requirement of filing their monthly wage report in a timely manner.

Please complete all of the following information to receive consideration for this waiver:

Employer ID Number _____

Employer Name _____

Employer Address _____

City, State and Zip _____

What technological barriers prohibit you from complying with electronic reporting?

What steps are you taking to remove those barriers?

When do you expect to comply with IPERS' requirements?

Name, title, telephone number and FAX number of a contact person if IPERS requires additional information:

Name _____ Title _____

Telephone Number () _____ FAX Number () _____

Signature and title of person completing this request:

Signature _____ Title _____ Date _____