



PAUL R. LEPAGE
GOVERNOR

STATE OF MAINE
MAINE REVENUE SERVICES
PO BOX 1060
AUGUSTA, MAINE
04332-1060

ADMINISTRATIVE & FINANCIAL SERVICES

RICHARD W. ROSEN
ACTING COMMISSIONER

MAINE REVENUE SERVICES

JEROME D. GERARD
EXECUTIVE DIRECTOR

Contact Name: _____ Phone: _____
EIN/SSN: _____
Company Name and Address: _____

To: Maine Revenue Services

Subject: Request for Waiver of Mandatory Electronic Payment of Taxes Owed

On behalf of the individual/entity listed above, a waiver from remitting tax payments electronically to the State of Maine as mandated in Maine Revenue Service's Rule 102 is hereby requested.

Reason for Request: (see Rule 102 mandate, sect 7)

- a. The taxpayer's bank does not participate in ACH in any form.
- b. Future trend analysis shows decline resulting in tax liability below threshold.
- c. Liability during look-back period no longer meets/exceeds threshold.
- d. Liability meets/exceeds threshold due to uncharacteristic amounts in 3 or fewer months.
- e. The taxpayer is under the payroll administration of the federal government.
- f. The taxpayer is required to file three or fewer times per year.
- g. Other: _____

* Please include supporting information if applicable *

Date Expected to be in Compliance: _____

Requests may be submitted via email, in which case responses will also be returned by email.

----- FOR MRS USE ONLY -----

If you inadvertently receive a notice during the next two years, please attach a copy of this waiver letter and mail it to the address above, attn EFT Unit.

Your request for a waiver has been: Approved through _____ Denied

Date Received: _____

Please contact the EFT Unit with any questions, see number below.

Kristina Whitaker
Senior Staff Accountant
EFT/Accounting Dept.