

**IMPORTANT:
FAILURE TO COMPLETE THIS DOCUMENT IN ITS ENTIRETY WILL RESULT IN AUTOMATIC DENIAL**

(Please print or type)

OWNER, PARTNER, OR CORPORATION NAME AND ADDRESS *(street, city, state, zip code)*

[Empty box for owner name and address]

RETURN THIS REQUEST TO:
**STATE BOARD OF EQUALIZATION
RETURN ANALYSIS UNIT MIC:35
PO BOX 942879
SACRAMENTO CA 94279-0035**

ACCOUNT NUMBER

The Board of Equalization (BOE) has the authority to prescribe electronic filing (efiling) as a method to file returns. We may grant a one year exemption from efilng if it is determined that it causes an undue hardship. If an exemption is granted, you will continue to receive paper returns for one year. You will be notified in writing if your request is denied.

It is your responsibility to file timely even if you do not receive a return or form.

EXPLAIN WHY EFILING CAUSES AN UNDUE HARDSHIP *(use back side of this form if necessary)*

SIGNATURE IS REQUIRED

SIGNATURE OF OWNER, PARTNER, OR CORPORATE OFFICER

DATE



PRINTED NAME

TELEPHONE NUMBER

EMAIL ADDRESS

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BOE USE ONLY

APPROVED

DENIED

BOE EMPLOYEE

DATE