Department of Revenue Services State of Connecticut Operations Bureau/Penalty Waiver PO Box 5089 Hartford CT 06102-5089

Form DRS-PW (Rev. 09/21)

Form DRS-PW Request for Waiver of Civil Penalty

General information: Use Form DRS-PW, Request for Waiver of Civil Penalty, to request a waiver of penalty.

Complete and submit **Form DRS-PW** to the Department of Revenue Services (DRS) Operations Bureau/Penalty Waiver through **myconneCT** at **portal.ct.gov/DRS-myconneCT** (for available taxes); by mail (to the address above); **or** fax to **860-297-5727** (*ATTN: Operations Bureau/Penalty Waiver*).

Form DRS-PW must be filed no later than one year from the date that the first notice of the penalty was sent to the taxpayer or, if the penalty was reported on a return, no later than one year from the date the return was filed.

DRS will **not** consider a penalty waiver request unless **Form DRS-PW** is fully completed, signed, and sent to DRS with supporting documentation. Read **Policy Statement 2019(3)**, *Requests for Waiver of Civil Penalties*, **before** completing **Form DRS-PW**. **Form DRS-PW must** be signed in the *Declaration* section by the taxpayer or, in the case of corporations, partnerships, limited liability companies, estates, and trusts, the person authorized to execute the return or pay the tax.

Penalty waiver requests from taxpayers who have outstanding tax liabilities or unfulfilled Connecticut tax filing obligations will be denied.

Do not use this form to request a waiver of interest. **Under Connecticut law, interest cannot be waived.**

Do not use this form to request the waiver of a penalty imposed in connection with an audit or for a penalty not subject to waiver (see PS 2019(3), Penalties That May Not Be Waived). Such penalties may be protested to the DRS Appellate Division by completing and timely filing Form APL-002, Appellate Division Protest Form.

Additional information: Questions regarding a penalty waiver request may be directed to Operations Bureau/Penalty Waiver at **860-297-4944**.

| Part I Taxpayer Information | | | | | | |
|--|-----------------------------------|---|-------|-------|----------|--|
| Taxpayer's name or business name | | Social Security Number or Connecticut Tax Registration Number | | | | |
| Spouse's name (if joint return) | | Spouse's Social Security Number | | | | |
| Mailing address (number and street) | Apt. no. | PO Box | City | State | ZIP code | |
| Physical address (number and street) (if different from above) | Apt. no. | PO Box | City | State | ZIP code | |
| Daytime telephone number — — — | For DRS use only - Case ID Number | | | | | |
| Part II Penalty Information | | | | | | |
| Tax type(s) (income, sale and use, corporation, etc.) | | Tax perio | od(s) | | | |
| Amount of penalty | What do | What documentation is included to support your claim? | | | | |

| ŀ | art III | Facts and Circumstances | |
|-----|---|--|---|
| do | cument | tails of why you were not able to comply with your tax obligations. Provide tion that you believe supports your penalty waiver request. Use additional sheet reding the type of documentation you should consider attaching in support of your red | ts as necessary. See Supporting documents |
| 1. | Why we | re you unable to comply with the tax law? Include specific facts and circumstances t | hat prevented you from complying |
| 2. | How did | you handle your other financial responsibilities such as your mortgage or credit card | d bills during the time of noncompliance? |
| 3. | Once th | e facts and circumstances changed, what attempts did you make to comply? | |
| 4. | Explain | now you complied with your tax obligations within a reasonable time after the facts a | and circumstances changed |
| 5. | | any additional information you believe DRS should be aware of or otherwise cons | sider in connection with your penalty waive |
| Th | ie type c | ng documents: What type of documentation should you consider attact f supporting documentation will depend on the basis of your request. The forng documentation to consider attaching: | |
| • | fire or | tre claiming the noncompliance was due to a loss of business records necestather casualty, you should provide copies of police or fire reports and docun determines there was sufficient time to reconstruct the lost records before the to reasonable cause. | nentation from your insurance company |
| • | If you medic | are claiming the noncompliance was due to a serious illness, you should all providers detailing the illness and explaining how that illness (or treatment to comply with your Connecticut tax obligations. | |
| | eclara | ion | |
| I/V | | e under the penalty of law that: ve read and understand the provisions of PS 2019(3); | |
| • | I/We had I/We had I/We had I/We had I/We un | ve read and thiterstand the provisions of P3 2019(3), ve no outstanding tax liability; ve no unfulfilled Connecticut tax filing obligations with DRS; ve answered each question to the best of my/our knowledge and belief; ve attached all documentation that supports my penalty waiver request; and derstand that the penalty for willfully delivering a false application to the DRS is a filenment for not more than five years, or both. | ne of not more than \$5,000, or |
| | Sign Here. | Signature Print name | Date |
| | | Title | |