

**ONLINE FILING EXEMPTION REQUEST**

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

**IMPORTANT:  
PLEASE COMPLETE THIS FORM IN ITS ENTIRETY**

*(Please print or type)*

OWNER, PARTNER, OR CORPORATION NAME AND ADDRESS *(street, city, state, ZIP Code)*

<div style="border: 1px solid black; width: 90%; margin: 5px; min-height: 100px;"></div>	
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RETURN THIS REQUEST TO:  
**CALIFORNIA DEPARTMENT OF  
 TAX AND FEE ADMINISTRATION  
 RETURN ANALYSIS UNIT MIC:35  
 PO BOX 942879  
 SACRAMENTO CA 94279-0035**

ACCOUNT NUMBER

Only accounts that make sales at a single location are eligible for an online exemption. Our online filing system now accommodates all types of sales and use tax returns.

You may request a one-year exemption from filing online if it causes 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 granted or denied.

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

**EXPLAIN WHY FILING ONLINE CAUSES HARDSHIP** *(use back side of this form if necessary)*

For our privacy policy and notice, visit our webpage at [www.cdtfa.ca.gov/privacy.htm](http://www.cdtfa.ca.gov/privacy.htm), or go to [www.cdtfa.ca.gov/formspubs/forms.htm](http://www.cdtfa.ca.gov/formspubs/forms.htm) and search for **CDTFA-324-GEN-WEB**, *Privacy Notice—Website—No Action Needed.*

**SIGNATURE IS REQUIRED**

SIGNATURE OF OWNER, PARTNER, OR CORPORATE OFFICER		DATE
PRINTED NAME	TELEPHONE NUMBER	EMAIL ADDRESS

**CDTFA USE ONLY**

APPROVED  DENIED

CDTFA EMPLOYEE	DATE
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**EXPLAIN WHY FILING ONLINE CAUSES HARDSHIP** *(continued)*

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