

UTAH DEPARTMENT OF WORKFORCE SERVICES  
UNEMPLOYMENT INSURANCE-CONTRIBUTIONS



APPLICATION FOR WAIVER OF PENALTY

Employer's Utah Registration Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Quarter(s): Covered: \_\_\_\_\_ Amount of Penalty: \$ \_\_\_\_\_

The Employer's Report(s) of New Hires and/or Rehires for the period(s) indicated above was/were not filed by the legal due date for the following reason(s): (Failure to respond to Department correspondence must be explained.)

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**I understand I must show failure to file timely was due to reasonable cause and not to willful neglect.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**Note: This application must be signed by the owner, a partner, or corporate officer**