

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 Contribution Report for the period above was not filed by the legal due date for the following reasons. Failure to respond to Department correspondence must be explained.

I understand that I must show that failure to file timely reports was due to a reasonable cause and not to willful neglect. I also understand that this application is for penalty only and I agree to pay any interest that is due.

Name

Title

Signature

Date

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

(For Agency Use Only)

Recommendation: APPROVE DENY

Reason for recommendation: Information given above First Return

Past Record: Good Bad

Remarks: _____

Recommended by _____ Date _____