

You must complete the information below for each report being submitted in conjunction with this payment exception request. Missing or incomplete information will result in rejection or denial of your request. Information below must match the reports that are submitted. If changes are made to your reports after approval of this request, please notify NVHolder@nevadatreasurer.gov

Business Name (As included on Report)	FEIN (mandatory)	Holder ID (If, Known)	Amount due for Report
		Total of Reports (Must Match Payment Amount)	

Name of User Uploading Report(s) Through Reporting Portal	Email Address of User Uploading Report(s)

For Official Use Only		
Program Officer <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Program Officer Signature	Date
Disclaimer		
<ul style="list-style-type: none"> • Requests submitted without required documentation are not guaranteed acceptance and/or approval if resubmitted after the 26th day before the report due date. • In no event shall this form be liable for any exception request received after the 26th day before the report due date and will not guarantee requests will be honored. • Holders paying in a manner other than ACH debit without prior written approval from this office, will be subject to a fee. 		