
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE FOURTH JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

STATE OF IDAHO,
Plaintiff,
vs.

Defendant.

Case No. _____

REQUEST FOR ADMINISTRATIVE
WAIVER OR OBJECTION TO
INTERCEPTED TAX RETURN
I.C. §1-1624

ROA-TAXW TAX INTERCEPT
OBJECTION OR REQUEST FOR WAIVER

I, _____ (insert full name), residing at _____
_____(insert full mailing address), hereby state that I am submitting this Request for Administrative Waiver **or**
 Objection to Intercepted Tax Return within 21 days of the mailing date on the "Notice of State Income Tax
Withholding And Diversion of Funds". I further state that: _____

I am the taxpayer obligated in the above captioned case. I hereby request an Administrative Waiver
because: _____

or
 I filed a joint tax return in the State of Idaho with the taxpayer obligor identified in the above referenced
matter for the year of _____. I am not specified to be the obligor in the judgment or agreement creating the
debt owed to the court in the above captioned case. I hereby object to the interception of my portion of the
joint return and petition the court to return my portion to me.

Date: _____

Typed/printed

Signature