Form **9000**

(November 2021)
Department of the Treasury
Internal Revenue Service

Alternative Media Preference

► Go to www.irs.gov/Form9000 for the latest information.

OMB No. 1545-0074

Attachment Sequence No.

nt e No. **77**

name of taxpayer electing to receive written communications in alternative media			Social Security number
Fill in Your Address Only	Current address (number and street). If you have a P.O. box, see instructions		Apt. number
if You Are Filing This Form by Itself and Not	City or town, state or province, country, and ZIP code. If a foreign address, also complete the spaces below.		
With Your Tax Return	Foreign country name	Foreign province/state/county	Foreign postal code
one box checked will n 00 Standard Print (01 Large Print 02 Braille 03 Audio (MP3) 04 Plain Text File (05 Braille Ready F	ot be processed. (Cancels prior election)		Check only one. Forms with more than
Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return	Your signature		Date
For Privacy Act and Paperwork Re	Form 9000 (11-2021)		

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