

Request for Taxpayer Advocate Service Assistance
(And Application for Taxpayer Assistance Order)

Section I – Taxpayer Information (See Pages 3 and 4 for Form 911 Filing Requirements and Instructions for Completing this Form.)

1a. Your name as shown on tax return		1b. Taxpayer Identifying Number (SSN, ITIN, EIN)	
2a. Spouse's name as shown on tax return <i>(if applicable)</i>		2b. Spouse's Taxpayer Identifying Number (SSN, ITIN)	
3a. Your current street address <i>(Number, Street, & Apt. Number)</i>			
3b. City		3c. State <i>(or Foreign Country)</i>	3d. ZIP code
4. Fax number <i>(if applicable)</i>	5. Email address		
6. Tax form number <i>(1040, 941, 720, etc.)</i>		7. Tax year(s) or period(s)	
8. Person to contact if Section II is not being used		9a. Daytime phone number	9b. <input type="checkbox"/> Check here if you consent to have confidential information about your tax issue left on your answering machine or voice message at this number.
10. Best time to call		<input type="checkbox"/> Check if Cell Phone	
11. Preferred language <i>(if applicable)</i> <input type="checkbox"/> TTY/TDD Line <input type="checkbox"/> Interpreter needed - Specify language other than English <i>(including sign language)</i> _____ <input type="checkbox"/> Other <i>(please specify)</i> _____			
12a. Please describe the tax issue you are experiencing and any difficulties it may be creating <i>(If more space is needed, attach additional sheets.) (See instructions for completing Lines 12a and 12b)</i>			

12b. Please describe the relief/assistance you are requesting *(If more space is needed, attach additional sheets.)*

I understand that Taxpayer Advocate Service employees may contact third parties in order to respond to this request and I authorize such contacts to be made. Further, by authorizing the Taxpayer Advocate Service to contact third parties, I understand that I will not receive notice, pursuant to section 7602(c) of the Internal Revenue Code, of third parties contacted in connection with this request.

13a. Signature of Taxpayer or Corporate Officer, and title, if applicable		13b. Date signed
14a. Signature of spouse		14b. Date signed

Section II – Representative Information (Attach Form 2848 if not already on file with the IRS.)

1. Name of authorized representative		2. Centralized Authorization File (CAF) number	
3. Current mailing address		4. Daytime phone number	
		5. Fax number	
6. Signature of representative		7. Date signed	