

Form <b>911</b> (February 2015)	Department of the Treasury - Internal Revenue Service <b>Request for Taxpayer Advocate Service Assistance</b> (And Application for Taxpayer Assistance Order)	OMB Number 1545-1504
------------------------------------	---	-------------------------

**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, &amp; 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  
*(If more space is needed, attach additional sheets.) (See instructions for completing Lines 12a and 12b)*

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 <span style="float: right;"><input type="checkbox"/> Check if Cell Phone</span>	
6. Signature of representative		7. Date signed

**Section III – Initiating Employee Information (Section III is to be completed by the IRS only)**

Taxpayer name			Taxpayer Identifying Number (TIN)	
1. Name of employee	2. Phone number	3a. Function	3b. Operating division	4. Organization code no.
5. How identified and received (Check the appropriate box) <b>IRS Function identified issue as meeting Taxpayer Advocate Service (TAS) criteria</b> <input type="checkbox"/> (r) Functional referral (Function identified taxpayer issue as meeting TAS criteria). <input type="checkbox"/> (x) Congressional correspondence/inquiry not addressed to TAS but referred for TAS handling. Name of Senator/Representative _____ <b>Taxpayer or Representative requested TAS assistance</b> <input type="checkbox"/> (n) Taxpayer or representative called into a National Taxpayer Advocate (NTA) Toll-Free site. <input type="checkbox"/> (s) Functional referral (taxpayer or representative specifically requested TAS assistance).				6. IRS received date
7. TAS criteria (Check the appropriate box. <b>NOTE: Checkbox 9 is for TAS Use Only</b> ) <input type="checkbox"/> (1) The taxpayer is experiencing economic harm or is about to suffer economic harm. <input type="checkbox"/> (2) The taxpayer is facing an immediate threat of adverse action. <input type="checkbox"/> (3) The taxpayer will incur significant costs if relief is not granted (including fees for professional representation). <input type="checkbox"/> (4) The taxpayer will suffer irreparable injury or long-term adverse impact if relief is not granted. <b>(if any items 1-4 are checked, complete Question 9 below)</b> <input type="checkbox"/> (5) The taxpayer has experienced a delay of more than 30 days to resolve a tax account problem. <input type="checkbox"/> (6) The taxpayer did not receive a response or resolution to their problem or inquiry by the date promised. <input type="checkbox"/> (7) A system or procedure has either failed to operate as intended, or failed to resolve the taxpayer's problem or dispute within the IRS. <input type="checkbox"/> (8) The manner in which the tax laws are being administered raise considerations of equity, or have impaired or will impair the taxpayer's rights. <input type="checkbox"/> (9) The NTA determines compelling public policy warrants assistance to an individual or group of taxpayers ( <b>TAS Use Only</b> )				
8. What action(s) did you take to help resolve the issue? ( <b>This block MUST be completed by the initiating employee</b> ) <i>If you were unable to resolve the issue, state the reason why (if applicable)</i>				

9. Provide a description of the Taxpayer's situation, and where appropriate, explain the circumstances that are creating the economic burden and how the Taxpayer could be adversely affected if the requested assistance is not provided  
**(This block MUST be completed by the initiating employee)**

10. How did the taxpayer learn about the Taxpayer Advocate Service

☐ IRS Forms or Publications    ☐ Media    ☐ IRS Employee    ☐ Other (please specify) \_\_\_\_\_