Form **911** (Rev. January 1997)

Department of the Treasury - Internal Revenue Service Application for Taxpayer Assistance Order (ATAO)

(Taxpayer's Application for Relief from Hardship)

If sending Form 911 with another form or letter, put Form 911 on top.

Note: If you have not tried to obtain relief from the IRS office that contacted you, use of this form may not be necessary. Use this form only after reading the instructions for When To Use This Form. Filing this application may affect the statutory period of limitations. (See instructions for line 14.)

Section I. Taxpayer Information											
1. Name(s) as shown on tax return					:	2. Your Social Security Number			4. Tax form		
					;	3. Social Security of Spouse Shown in 1.		n in 1.	5. Tax period ended		
6.Current mailing address (number & street). For P.O. Box, see instuctions Apt. No.					lo. {	8. Employer, identification number, if applicable.					
7. City, town or post office, state and ZIP Code					9	9. Person to contact					
If the above address is different from that shown on lastest filed tax return and you want us to update our records with this new address, check here					ou 1	10. Daytime telephone number () 11. Best time to call					
12. Description of significant ha	ardship (If more spa	ace is need	ded, attach ad	lditional	l shee	ets.)	•			Λ	
										НД	
										 	
											
13. Description of relief reques	ted (If more space	is needed.	attach additio	onal she	eets.)					ΙД	
	(·· ···-·	,								_ / 1	
14. Signature of taxpayer or Corporate Officer. (See instructions.)			15. Date 1		16. Signature of spouse shown in block 1			1	17. Date		
Section II.		Repres	⊥ entative In	forma	atio	n (If applicable)					
18. Name of authorized represe	entative (Must be sa	ame as on F	Form 2848 or 8	8821)	22.	Firm name					
19. Centralized Authorization File (CAF) number					23.	Mailing address					
20. Daytime telephone number 21. E		21. Best	Best time to call								
24. Representative Signature								25. D	ate		
Section III.		(For	Internal Re	evenu	ıe S	ervice only)		1			
				RS Iden axpayer			29.	Function	30. Office	31. Date	
ATAO Code	How received	Da	ate of Detemir	nation	PR	O signature	ı				