

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.	5. Tax period ended
6. Current mailing address (number & street). For P.O. Box, see instructions Apt. No.	8. Employer identification number, if applicable.	
7. City, town or post office, state and ZIP Code	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..... <input type="checkbox"/>	10. Daytime telephone number ()	11. Best time to call

12. Description of significant hardship *(If more space is needed, attach additional sheets.)*

13. Description of relief requested *(If more space is needed, attach additional sheets.)*

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14. Signature of taxpayer or Corporate Officer. <i>(See instructions.)</i>	15. Date	16. Signature of spouse shown in block 1	17. Date
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Section II. Representative Information *(If applicable)*

18. Name of authorized representative (Must be same as on Form 2848 or 8821)	22. Firm name
19. Centralized Authorization File (CAF) number	23. Mailing address
20. Daytime telephone number	21. Best time to call
24. Representative Signature	25. Date

Section III. (For Internal Revenue Service only)

26. Name of initiating employee	27. <input type="checkbox"/> IRS Identified <input type="checkbox"/> Taxpayer request	28. Telephone ()	29. Function	30. Office	31. Date
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ATAO Code	How received	Date of Determination	PRO signature
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