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

## 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.               |            | in 1.    | 5. Tax period ended |  |  |
| 6.Current mailing address (number & street). For P.O. Box, see instuctions 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 |                              |                |                    |  | 10. Daytime telephone number ( ) 11. Best time to call |            |          |                     |  |  |
| 12. Description of significant ha   | ardship ( <i>If more spa</i> | ace is needed  | l, attach addition | al sh                                    | neets.)  |            |          |                     | Λ  |  |
|   |                              |                |                    |  |  |            |          |                     | ⊣Д   |  |
|   |                              |                |                    |  |  |            |          |                     |  |  |
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|   |                              |                |                    |  |  |            |          |                     | _  |  |
|   |                              |                |                    |  |  |            |          |                     | <b>│                                    </b> |  |
| 13. Description of relief reques  | ted (If more space i         | is needed, att | ach additional s   | heets                                    | s.)  |            |          |                     |  |  |
|   |                              |                |                    |  |  |            |          |                     |  |  |
|   |                              |                |                    |  |  |            |          |                     |  |  |
|   |                              |                |                    |  |  |            |          |                     |  |  |
| 14. Signature of taxpayer or Corporate Officer. 15. Date  |                              |                | 16.                | 16. Signature of spouse shown in block 1 |  |            | 17       | Date                |  |  |
| (See instructions.)   |                              |                |                    |  |  |            |          |                     |  |  |
| Section II.   |                              |                |                    |  | on (If applicable)                                     |            |          |                     |  |  |
| 18. Name of authorized represe  | entative (Must be sa         | me as on For   | m 2848 or 8821)    | 22                                       | 2. Firm name   |            |          |                     |  |  |
| 19. Centralized Authorization File (CAF) number   |                              |                |                    | 23                                       | 23. Mailing address                                    |            |          |                     |  |  |
| 20. Daytime telephone number  |                              |                |                    |  |  |            |          |                     |  |  |
| 21. E   |                              | 21. Best tin   | Best time to call  |  |  |            |          |                     |  |  |
| 24. Representative Signature  |                              |                |                    |  |  |            | 25. Date |                     |  |  |
| Section III.  |                              | (For Int       | ternal Rever       | nue                                      | Service only)  |            |          |                     |  |  |
| 26. Name of initiating employee 27. IRS Ide   |                              |                |                    |  | ied  | <br>29. Fi | unction  | 30. Office          | 31. Date                                     |  |
| ATAO Code   | How received                 | Date           | of Detemination    |  | PRO signature  |            |          | <u> </u>            |  |  |
|   |                              |                |                    |  |  |            |          |                     |  |  |