

How to contact Taxpayer Advocate Service (TAS):

- Call 877-777-4778 to speak with an intake advocate.
- Fax or mail Form 911 Request for Taxpayer Advocate Service Assistance and
 - Fax it to 855-204-5023 or
 - Mail it to: IRS Taxpayer Advocate Service, P.O. BOX 149223, Austin, TX 78714-9223
 - If you do not hear back from TAS within four weeks, call 877-777-4778 to follow up.

Form 911 (January 2022)		Department of the Treasury - Internal Revenue Service Request for Taxpayer Advocate Service Assistance (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. Taxpayer name as shown on tax return		1b. Taxpayer Identifying Number (SSN, ITIN, EIN)		
2a. Spouse's name as shown on tax return (if joint return)		2b. Spouse's Taxpayer Identifying Number (SSN, ITIN)		
3a. Taxpayer current street address (number, street, & apt. number)				
3b. City		3c. State (or foreign country)	3d. ZIP code	
4. Fax number (if applicable)		5. Email address		
6. Person to contact if no authorized representative Taxpayer's name		7a. Daytime phone number	7b. <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.	
8. Best time to call		<input type="checkbox"/> Check if Cell Phone		
9. Preferred language (if applicable) If other than English <input type="checkbox"/> TTY/TDD Line <input type="checkbox"/> Interpreter needed - Specify language other than English (including sign language) <input type="checkbox"/> Other (specify) _____				
10. Tax form number (1040, 941, 720, etc.)		11. Tax year(s) or period(s)		
12a. 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)				
What is the issue? What difficulties is the taxpayer facing? Explain timeline of dates of IRS communication and any steps taken or not taken.				
12b. Describe the relief/assistance you are requesting (if more space is needed, attach additional sheets)				
What relief/assistance are you requesting? What steps should TAS take? Include any relevant documentation that would assist TAS in resolving the issue				
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 (if joint assistance request) If this is a joint assistance request, both spouses must sign and date.			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		<input type="checkbox"/> Check if Cell Phone
		5. Fax number		
6. Signature of representative		7. Date signed		

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