



Request for Assistance from the Office of the Taxpayer Rights Advocate

DTF-911
(8/22)

Read the instructions on page 2 before completing this form.

Taxpayer information

Taxpayer's name or business's name		Social Security number or taxpayer identification number	
Spouse's name (if applicable)		Spouse's Social Security number	
Name of POA, third-party designee, or business contact person (if applicable)			
Current street address (number, street, and apartment number)			
City		State (or foreign country)	ZIP code
Telephone number ()	Email address		

Indicate if you have any special communications needs (Mark an **X** in the box.)☐ TTY/TTD line ☐ Other (specify): _____

Describe the tax problem you are experiencing, how you previously tried to resolve the problem, and the Tax Department office(s) you contacted previously (see instructions for required information; attach additional sheets if necessary)

Describe the relief/assistance you are requesting (attach additional sheets if necessary)

Signature of taxpayer or POA (if applicable)		Date
Signature of spouse (if applicable)		Date
Print name	Title	