



**Request for Assistance from the Taxpayer Advocate Office**

Taxpayer Information		
Name	Spouse's Name	
Social Security Number	Spouse's Social Security Number	
Phone	Spouse's Phone	
Date of Birth	Spouse's Date of Birth	
Email		
Street Address		
City	State	ZIP Code

Tax Issue Involved	
Tax Type	Tax Form
Tax Period	TID Number

Describe Problem and Assistance Requested
Describe the tax problem you are experiencing, how you previously tried to resolve the problem, and list the division and/or representative you contacted previously. Attach additional sheets if needed and provide copies of all correspondence. Also describe the assistance you are requesting.

\_\_\_\_\_  
 Taxpayer Signature

\_\_\_\_\_  
 Date

Taxpayer Advocate Office  
 P.O. Box 6155  
 Indianapolis, IN 46206-6155  
 Phone: (317) 232-4692  
 Fax: (317) 232-5425  
 Email: [taxadvocate@dor.in.gov](mailto:taxadvocate@dor.in.gov)

## **Instructions for Completing Form TAO-PRP Request for Assistance from the Taxpayer Advocate Office**

The Taxpayer Advocate Office is designed to address complex tax problems that could not be resolved through the normal collection process. After you contact the department and are unable to resolve your tax situation, you are eligible to contact the Taxpayer Advocate Office. If you contact the Taxpayer Advocate Office before attempting to resolve the issue through the normal process, you will be referred to the correct division.

### **Submit a Request for Assistance**

You may use this form to submit a request for assistance in the following situations:

- You were unable to resolve a state tax issue through normal administrative channels within the department prior to contacting the Taxpayer Advocate Office. You must be able to document your attempts.
- A department response is not provided by the date promised or within 120 days.
- You believe instructions or information provided by the department are incorrect.
- You note the existence of a recurrent issue or systematic processing problem.
- You have a complaint regarding a procedure, policy, staff and/or service or have recommendations for policy or procedural changes.

Please do not submit this form:

- To request the Taxpayer Advocate Office intercede during an audit
- To request the status of a refund
- To stop collection activity
- To request a payment plan
- To request a review of a tax notice or a reduced refund
- To request a waiver of taxes, fees, penalties, or interest
- To request a change in tax law
- To respond to a notice received from the department
- To request an offer-in-compromise
- To request hardship status
- To seek legal or tax return preparation advice
- To protest your assessment

### **How to File**

You may submit this form and all documentation:

#### **By Mail**

Indiana Department of Revenue  
Taxpayer Advocate Office  
P.O.Box 6155  
Indianapolis, IN 46206-6155

#### **By Fax**

(317) 232-5425

#### **By Email**

[taxadvocate@dor.in.gov](mailto:taxadvocate@dor.in.gov)