TAO-PRP
State Form 56081
(R2 / 7-25)

Indiana Department of Revenue

Request for Assistance from the Taxpayer Advocate Office

Taxpayer Information

Taxpayer Name			
Taxpayer Social Security Number (SSN)		Taxpayer Date of Birth	
Taxpayer Telephone Number	Taxpayer Email Address		
Spouse's Name			
Spouse's Social Security Number (SSN)		Spouse's Date of Birth	
Spouse's Telephone Number	Spouse's Email Address		
Taxpayer Address	City	State	ZIP Code
Business Name		Federal Employer Identification Number (FEIN)	
Business Address	City	State	ZIP Code
Business Telephone Number	Business Email Address		

Tax Issue Involved

Tax Type	Tax Form
Tax Period	Taxpayer Identification Number (TID)

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.

Signature: _____ Date: _____

Printed Name: _____

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

Instructions for Completing 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