



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

Taxpayer's Name or Business Name		Last Four Digits of Social Security Number or TIN	
Spouse's Name (If Applicable)		Last Four Digits of Spouse 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), and Zip Code			
Telephone Number		Email Address	
Describe the tax problem you are experiencing, how you previously tried to resolve the problem, and the Tax Department office(s) you contacted previously. (attach additional sheets if necessary).			
Describe the relief/assistance you are requesting (attach additional sheets if necessary).			
Signature of Taxpayer or POA		Date	
Signature of Spouse (If Applicable)		Date	

Email the completed form to **TaxpayerAdvocate@tax.virginia.gov** or fax to **804.774.3100**