Department of Revenue Services Office of the Taxpayer Advocate 450 Columbus Blvd Ste 1 Hartford CT 06103-1837

For DRS use  $\ensuremath{\text{only}}$  - Case ID Number

Notice number

(Rev. 12/17)

# Form CT-TPA Request for Assistance from the Office of the Taxpayer Advocate

Complete in blue or black ink only. See instructions before completing this request.

## **Purpose**

Use **Form CT-TPA** to apply for help from the Connecticut Department of Revenue Services (DRS), Office of the Taxpayer Advocate (OTA).

The OTA was created to help bring an end to a taxpayer's issues after all other administrative channels of resolution have been used. If you have a tax problem that is **not** in

litigation, under review by the DRS Audit or Appellate Divisions, or subject to enforcement action, and you have not been able to resolve the matter through available methods, the Taxpayer Advocate will serve as a liaison to assist you. The OTA was created to safeguard taxpayer rights and to help taxpayers who are experiencing problems with DRS.

## Incomplete or unreadable forms will be rejected.

Part I Taxpa	ayer Information								
Taxpayer's name or business name				Social Security Number or Connecticut Tax Registration Number					
Mailing address (number and street)			РО Вох	Apt. no.	C	ity	State	ZIP code	
Physical address (number and street) (if different from above)			РО Вох	Apt. no.	C	ity	State	ZIP code	
Daytime telephone nui	mber	Email a	ddress						
Business contact (if applicable)		Busines (	Business contact telephone number (			A Power of Attorney is in effect (attach copy of completed LGL-001)			
		41 4							
	lete this part to identify			issue you w					
Tax type		Tax form(s	3)		Tax year	(s) or pe	riod(s)		
Describe the relief or	r help you are asking for. At	tach suppo	orting docui	mentation you	have not s	ubmitte	ed before.		
Part III Signa	ture								
Your signatur	е					Date			
	nature (if joint return)					Date			
for your	d title of owner, officer, or represer	tative				Date			
records. Print name and title of owner, officer, or representative					Daytime telephone number (optional)				

## Form CT-TPA Instructions

# **Specific Instructions**

# **Taxpayer information**

**Taxpayer registration number:** Enter your Connecticut tax registration number if this request involves a business or non-individual entity (e.g., a partnership, corporation, trust, or self-employed individual).

**E-mail address:** DRS may contact you by e-mail if we are unable to reach you by telephone. E-mail communication will not be used to discuss the specific details of your case.

**Tax type:** Enter the tax type (for example, personal income tax, corporation tax, sales tax, etc.) that relates to this request.

**Tax form(s):** Enter the form number(s) that relates to this request. For example, an individual taxpayer with an income tax issue might enter Form CT-1040.

**Tax period(s):** Enter the quarterly, annual, or other tax period(s) that this request is about. For example, if this request is an income tax issue, enter the calendar or fiscal year; if an employment tax issue, enter the calendar quarter.

**Business contact person:** If a business entity is filing this form, enter the name of the person to contact. This may be the corporate officer signing the request, or another person authorized to discuss the matter.

**Power of attorney:** If you choose to have a representative act on your behalf, complete **LGL-001**, *Power of Attorney*, and include a copy with Form CT-TPA.

## Form CT-TPA Instructions

#### When to use this form

Use this form if you or your business are experiencing any of the following:

- Facing a threat of immediate negative action (e.g., seizure of an asset) for a debt you believe is not owed or where the action is, in your opinion, unwarranted, unfair, or illegal.
- Experiencing undue economic harm or are about to suffer undue economic harm because of your tax problem.
- There has been an unjustified delay by DRS in providing a response or resolution to your problem or inquiry.
- The tax laws, regulations, or policies are being administered unfairly or have impaired (or will impair) your rights.
- A DRS system or procedure has failed to operate as intended, or has failed to resolve your problem or dispute.
- The unique facts of your case, or compelling public policy reasons warrant assistance.

**Do not use** this form if you or your business:

- Have **not** used all reasonable efforts to get timely relief through normal DRS channels.
- Are seeking legal or tax return preparation advice.
- Are seeking review of an unfavorable federal or state court ruling, judgement or determination, or an IRS decision.

See Policy Statement 2017(1), Your Rights as a Connecticut Taxpayer.

If you have not tried to get help from the DRS office that most recently contacted you, this form may not be needed. For example, you can use the DRS Taxpayer Service Center or contact the Compliance Bureau to ask for a payment agreement on late taxes or the release of a levy on wages, salaries, or bank accounts.

Do not use this application to ask for a change in the amount of tax you owe. If you disagree with the amount of tax assessed, you must complete and submit an APL-002, *Appellate Division Protest Form*, within the time allowed for making an application. If you have questions about a bill, call DRS at 800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or 860-297-5962 (from anywhere).

#### Where to submit this form

Mail this request to:

Connecticut Department of Revenue Services Office of the Taxpayer Advocate 450 Columbus Blvd Ste 1 Hartford CT 06103-1837

Fax to:

860-297-5611

**Caution:** Applications submitted to the incorrect office may result in delays. If you do not hear from DRS within seven days of submitting Form CT-TPA, contact the Office of the Taxpayer Advocate at **860-297-5603**.

## **Forms and Publications**

Visit the DRS website at **www.ct.gov/DRS** to download and print Connecticut tax forms and publications.