REV-556 EO (04-13)

pennsylvania
DEPARTMENT OF REVENUE
OFFICE OF TAXPAYERS' RIGHTS ADVOCATE
LOBBY STRAWBERRY SQ
HARRISBURG PA 17128

TAXPAYER REQUEST FOR ASSISTANCE

Taxpayer Name (Last, First, and Middle Initial)

Business Name

Address

City State ZIP

Daytime Telephone Number (Primary) Telephone Number
( ) ( )

Tax Type	Tax Identification Number/Social Security Number

Nature of Problem

Additional Comments

Taxpayer Signature	Date

INTERNAL USE ONLY

CUSTOMER I.D.#	EMPLOYEE