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| Form **911** | **Request for Taxpayer Advocate Service**  **LIBERIA**  **REVENUE**  **AUTHORITY** | | | | | | | **AREA OF CONCERN**  **Domestic Tax Department**  **Customs Department** |
| **Section I – Taxpayer Information** | | | | | | | | |
| **1a. Tax Division** | | **1b. Taxpayer Name (First / Middle / Last)** | | | | **1c. TIN** | | |
| **1d. City** | | **1e. County** | | | **1f. Country (if outside Liberia)** | | | |
| **1g. Specific Community** | | **1h. District** | | | | | | |
| **1i. Email Address** | | **1j. Business Tel.** | | | **1k. Mobile Tel.** | | | |
| **Section II – Description Of Tax / Customs Issue Being Experienced At The LRA** | | | | | | | | |
| **2a. Please describe the tax issue you are experiencing and difficulties it may be creating.(If more space is needed, attach additional sheets)** | | | | | | | | |
| **2b. Please describe the relief/assistance you are requesting (If more space is needed, attach additional sheets.)** | | | | | | | | |
| **I certify that information given above is true, accurate and complete to the best of my knowledge. I also understand that any false information may lead to prosecution.** | | | | | | | | |
| **2c. Taxpayer Full Name (First / Middle / Last)** | | **2d. Signature** | | | | **2e. Date Signed (mm/dd/yyyy)** | | |
| **Section III – LRA Use Only (Taxpayer Advocate Case Worker)** | | | | | | | | |
| **3a. Name of Case Worker (First / Middle / Last)** | | **3b. Phone Number** | | **3c. Operating Division** | | | | |
| **3d. Check the box that best describes the Taxpayer case.**   1. The taxpayer is experiencing economic harm or is about to suffer economic harm**.** 2. The taxpayer is facing an immediate threat of adverse action. 3. The taxpayer will incur significant costs if relief is not granted (including fees for professional representation). 4. The taxpayer will suffer long-term adverse impact if issue is not resolved. 5. The taxpayer has experienced a delay of more than 30 days to resolve a tax account problem. 6. The taxpayer did not receive a response or resolution to their problem or inquiry by the date promised. 7. A system or procedure has failed to operate as intended, or failed to resolve the taxpayer’s problem or dispute within the allotted time. 8. The manner in which the tax laws are being administered raise considerations of equity, or have impaired or will impair the taxpayer’s rights. | | | | | | | | |
| **Section IV – LRA Use Only (Taxpayer Advocate Case - Manager )** | | | | | | | | |
| **4a. Provide a description of the Taxpayer’s situation, and where appropriate, explain the circumstances that are creating the economic burden and how the Taxpayer could be adversely affected if the requested assistance is not provided.** | | | | | | | | |
| **4b. What action(s) did you take to help resolve the issue?** | | | | | | | | |
| **4c. Full name of Taxpayer Advocate Manager (First / Middle / Last)** | | | **4d. Signature** | | | | **4e. Date of Approval (mm/dd/yyyy)** | |
| **4f. Full name of supervisor (First / Middle / Last)** | | | **4g. Signature** | | | | **4h. Date of Approval (mm/dd/yyyy)** | |