

#### NYC Department of Finance ● The Office of the Taxpayer Advocate

## REQUEST FOR HELP FROM THE OFFICE OF THE TAXPAYER ADVOCATE

FORM DOF-911

IMPORTANT: Read the instructions BEFORE filling out this form

ΓΙΟΝ				
Your Name (as shown on your documents):		Social Security Number:		
s shown on your documents):		Employer Identification Number:		
g address:				
		APARTMENT OR		
STREET		OFFICE NUMBER		
		ZIP		
	STATE	CODE		
oblems, address of property:				
CTREET		BOROUGH		
SINEEI		БОНООВП		
	LOT			
Telephone Number (home/work/office/cell):  Best time to call:				
t you by phone, we will send	you an e-r	nail to tell you when to contact us.		
dress:				
		Rent Freeze matter, please print		
If you have named a tenant representative with respect to a Rent Freeze matter, please print that person's name and telephone number.				
and tolophone named.				
	TELE	EPHONE		
		BER:		
on who is representing you be	fore the D	epartment of Finance, they need		
		•		
]				
= <u> </u>				
E: NAME:				
	wn on your documents): s shown on your documents): g address:  STREET  Oblems, address of property:  STREET  (home/work/office/cell):  It you by phone, we will send dress:  HAVE SOMEONE HELPIN a tenant representative with reand telephone number.  In who is representing you be Attorney on file. If they do, page 1.	shown on your documents):  shown on your documents):  g address:  STREET  STATE  Deblems, address of property:  STREET  LOT  NUMBER  (home/work/office/cell):  Best  Street  LOT  NUMBER  Street  Ave someone, we will send you an e-redress:  HAVE SOMEONE HELPING YOU  a tenant representative with respect to a and telephone number.  TELE  NUM  On who is representing you before the D  Attorney on file. If they do, please che		

TELL US IF YOU NEED HELP WITH COM	IMONICATING WITH 05			
TTY/TTD line	Braille	Large type		
Language other than English:	Other:			
<b>TELL US ABOUT YOUR NYC TAX PROB</b>	LEM			
Which tax is giving you a problem?				
Property Tax Business Tax	Other			
Where in the Department of Finance are you having the problem?				
Audit Collection (property tax lien sale, business tax warrant, levy)				
Filing a Form. What form number? Payment of a tax?				
Property tax exemption. Which one?				
Property tax abatement. Which one?				
Rent Freeze. Select which applies: SCRIE DRIE Tenant Landlord				
Other. Explain:				
What tax periods/years does your problem cov	ver?			
TELL US WHAT YOU HAVE DONE SO FA	R TO FIX THE PROBLEM	1		
Include the persons at the Department of Finance, what you were told by the Department of Finance, have letters, emails or other documents that the Department of Finance, have letters and the Department of Finance.	you have talked to or written to If you have a case number, i epartment of Finance sent you	, when you did so, and nclude it below. If you , please attach copies.		
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NYC Department of Finance ● The Office of the Taxpayer Advocate

# REQUEST FOR HELP FROM THE OFFICE OF THE TAXPAYER ADVOCATE - INSTRUCTIONS -

FORM DOF-911 INSTRUCTIONS

#### WHERE TO FILE THIS FORM

By mail: The Office of the Taxpayer Advocate,

375 Pearl Street, 26th Floor, New York, NY 10038

By e-fax: 646-500-6907

If you already have a deadline to take action, FILING THIS FORM DOES NOT EXTEND THE DEADLINE.

The Office of the Taxpayer Advocate is an independent organization within the Department of Finance. The Taxpayer Advocate was created to safeguard taxpayer rights and assist taxpayers who are having problems with the Department of Finance.

#### **USE THIS FORM IF**

- You have made a reasonable attempt to solve your inquiry or complaint with the Department of Finance. Your inquiry or complaint has not been fixed or you have not received a timely response.
- You believe you can show that the Department of Finance is applying the tax laws, regulations or policies unfairly or incorrectly, or have injured or will injure your taxpayer rights.
- You face a threat of immediate harmful action (e.g., seizure of your funds or property) by the Department of Finance for a debt you believe you can show is not owed.
- You face a threat of immediate harmful action (e.g., seizure of your funds or property) by the Department of Finance for a debt you believe you can show is incorrect, unfair, or illegal.
- You believe you can show that you will suffer damage that is beyond repair or a long-term harmful impact if relief is not granted.
- You believe you can show that your problem also affects other similar taxpayers and is a problem with the Department of Finance's systems or processes.
- You believe you can show that the rare facts in your case justify help from the Office of the Taxpayer Advocate.
- Your believe you can show that there is a compelling public policy reason why you should get help from the Office of the Taxpayer Advocate.

#### DO NOT USE THIS FORM IF

- You have not made a reasonable attempt to obtain relief through normal Department of Finance channels, including contacting 311.
- You have problems with parking tickets. For that, visit <a href="https://nyc.gov/contactdof">nyc.gov/contactdof</a>
- You have a problem with personal income or sales tax. For that, contact the New York State Office
  of the Taxpayer Rights Advocate at 518-530-HELP(4357).
- You are asking for legal or tax return preparation advice.
- You are trying to file a case with the Tax Commission, Tax Appeal Tribunal or New York State court.
- You are appealing an unfavorable decision from the Tax Commission, Tax Appeal Tribunal or New York State court.
- You are claiming that a NYC tax law or tax system violates the New York State or U.S. Constitution.
- Your focus involves only frivolous strategies intended to avoid or delay filing or paying New York City taxes.

#### **SPECIFIC INSTRUCTIONS**

#### YOUR INFORMATION

#### E-mail address

We may contact you by e-mail if we are not able to reach you by telephone. We won't use your e-mail address to discuss the specifics of your case.

#### **Social Security Number**

Enter your taxpayer identification number on the form. If you are an individual, please put in your social security number. If you are not an individual (e.g., a partnership, corporation, or self- employed), please list your EIN.

#### SOMEONE HELPING YOU

#### Rent Freeze Taxpayer (SCRIE/DRIE)

If you are a tenant requesting help with SCRIE/DRIE (Rent Freeze) and you have chosen a tenant representative, please enter the name of that person and his or her contact information.

#### **Business Contact Person**

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

#### **Power of Attorney**

If you are inquiring about a tax problem OTHER THAN Rent Freeze and you have chosen a representative to act on your behalf, you must complete a Power of Attorney Form POA-1.

#### ABOUT YOUR NYC TAX PROBLEM

#### Tax Type

Enter the type of tax that you are having a problem with: Property, Business or Other. Please note that if you are having a problem

with Personal Income Tax or Sales Tax, contact the New York State Office of the Taxpayer Rights Advocate.

#### **Tax Periods**

Enter the quarterly, annual or other tax period(s) that relates to this request.

### Describe the tax problem you are having

Enter any detailed information about your tax problem that you are having. If you have written to or talked to a Department of Finance employee, please list his or her name and the contact information you have for that person (such as a telephone number or e-mail address.) If you have any case number or other information about your case, also include that.

Privacy notification - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for applicants and income-earning occupants is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Such numbers disclosed on any reports or returns are requested for tax administration purposes and will be used to facilitate the processing of reports and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance. Such numbers may also be disclosed as part of information contained in the taxpayer's return to another department, person, agency or entity as may be required by law, or if the applicant or income-earning occupants gives written authorization to the Department of Finance.