

**Request for Assistance**  
Office of the Taxpayer Advocate  
North Carolina Department of Revenue

**Part 1. Taxpayer Information**

|                          |                      |                      |                            |
|--------------------------|----------------------|----------------------|----------------------------|
| First Name               | M.I.                 | Last Name            | Social Security Number     |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> | XXX - XX -                 |
| Business Name            |                      |                      | Federal Employer ID Number |
| <input type="text"/>     |                      |                      | XX - XXX                   |
| Current Street Address   |                      |                      |                            |
| <input type="text"/>     |                      |                      |                            |
| City                     | State                |                      | Zip Code                   |
| <input type="text"/>     | <input type="text"/> |                      | <input type="text"/>       |
| Daytime Telephone Number | Email Address        |                      |                            |
| <input type="text"/>     | <input type="text"/> |                      |                            |

**Part 2. Assistance Information**

|  |                       |
|--|-----------------------|
| Tax Type   | Tax Year(s)/Period(s) |
| <input type="text"/>   | <input type="text"/>  |
| Describe the tax problem you are experiencing, how you previously tried to resolve the problem, and the Division office(s) you contacted previously ( <i>attach additional sheets if necessary</i> ) |                       |
| <input type="text"/>   |                       |
| Describe the relief/assistance you are requesting ( <i>attach additional sheets if necessary</i> )   |                       |
| <input type="text"/>   |                       |

Signature of Taxpayer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Taxpayer's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

If a taxpayer's representative signs this form, a Power of Attorney [Form Gen-58](#) must accompany this request.

## **General Instructions**

The Office of the Taxpayer Advocate (OTA) is an independent division within the North Carolina Department of Revenue. The mission of the OTA is to instill confidence and integrity in the administration of North Carolina's tax laws by ensuring taxpayers are afforded their rights as stated in the Taxpayer's Bill of Rights.

### **When to Use This Form**

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

- You have been unable to resolve a State tax issue through normal administrative channels. You must have exhausted all administrative remedies provided by the Department before contacting the OTA
- A Departmental response has not been provided by the date promised, or within the statutorily required time
- You believe that instructions/information provided by the Department is incorrect resulting in confusion or hardship to the individual
- Noted existence of a recurrent issue that cannot be resolved through normal administrative channels

### **When Not to Use This Form**

Do not use this form for any of the following:

- To request OTA to intercede during an audit
- To request the status of a refund
- To stop or protract collection activity
- To request a review of a tax notice or a reduced/denied refund (File Form NC-242, Objection and Request for Departmental Review)
- To request a waiver of taxes, penalties or interest
- To request a change in North Carolina's tax laws for individual situations
- To answer questions regarding tax assessments (Call the phone number listed on the tax notice)
- To request an Offer-in-Compromise
- To seek legal or tax return preparation advice

## **Specific Instructions**

**Daytime Telephone Number** - Enter a telephone number where you can be contacted during normal business hours.

**Email Address** - We may contact you by e-mail if we're unable to reach you by telephone. We will not use your email address to discuss the specifics of your case.

**Tax Type** - Enter the tax type (for example, individual income tax, corporate tax, sales tax, etc.) that relates to this request.

**Tax Year(s)/Period(s)** - Enter the quarterly, annual, or other tax period(s) that relates to this request.

**Describe the Tax Problem You Are Experiencing** - Enter any detailed information necessary to describe the tax problem you are experiencing.

**Power of Attorney** - If you choose to have a representative act on your behalf, you must complete Form Gen-58, Power of Attorney. Include the power of attorney form when you submit this form.

### **Where to File**

Send your completed Form NC-TA and any required attachments to:

#### **By Mail**

NC Department of Revenue  
Office of the Taxpayer Advocate  
P.O.Box 871  
Raleigh, NC 27602

#### **By Fax**

(919) 715-0909