

# Fax To The Offices Of The IRS

## Recipient

To The Care of :	_____
Fax # :	_____
Date :	_____
Pages :	_____
Case Type :	<input type="checkbox"/> New <input type="checkbox"/> Ongoing

## Sender

From :	_____
Fax # :	_____
Phone # :	_____
Address :	_____

## Filling information

Tax Filer :	_____
ID # :	_____
Case # :	_____
Form(s) Attached :	_____
Form(s) Requested :	_____
Case Type :	<input type="checkbox"/> Expedited (fee) <input type="checkbox"/> Normal (deadline)
Confirmation by :	_____

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