



STATE OF CALIFORNIA  
**FRANCHISE TAX BOARD**  
 PO BOX 2952  
 SACRAMENTO CA 95812-2952

**COLLECTION FORM 911**  
**REQUEST FOR RELIEF FROM HARDSHIP**  
 (For Tax Practitioner Use Only)

**NOTE: This form should be accompanied by a completed Power of Attorney (FTB Form 3520)**

Taxpayer name		Taxpayer SSN		Practitioner name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Spouse name		Spouse SSN		Telephone number ( )	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Taxpayer address (Street, City, State and ZIP)				Practitioner Address (Street, City, State and ZIP)	
<input type="text"/>				<input type="text"/>	

Please describe the hardship. Attach additional pages as needed.


Describe the relief requested. Attach additional pages as needed.


**Please fax this form to (916) 845-0494, attention Tax Practitioner Collection Fax Line, or mail this form to: FRANCHISE TAX BOARD, PO BOX 2952, SACRAMENTO CA 95812-2952**