

Alternative Media Preference

OMB No. 1545-0074

► Go to www.irs.gov/Form9000 for the latest information.

Attachment
Sequence No. **77**

Name of taxpayer electing to receive written communications in alternative media

Social security number

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Current address (number and street). If you have a P.O. box, see instructions.

Apt. number

City or town, state or province, country, and ZIP code. If a foreign address, also complete the spaces below.

Foreign country name

Foreign province/state/county

Foreign postal code

1 I elect to receive written communications from the IRS in the following accessible format. Check only one. Forms with more than one box checked will not be processed.

- ☐ 00 Standard Print (Cancels prior election)
☐ 01 Large Print
☐ 02 Braille
☐ 03 Audio (MP3)
☐ 04 Plain Text File (TXT)
☐ 05 Braille Ready File (BRF)

Note: You will also receive a standard print copy.

**Sign Here Only if You
Are Filing This Form
by Itself and Not With
Your Tax Return**

Your signature

Date