Form **12256**

Department of the Treasury - Internal Revenue Service

(May 2020)

Withdrawal of Request for Collection Due Process or Equivalent Hearing

Taxpayer name(s)		
Taxpayer address		
City	State	Zip code
Type of tax/tax form*		
Tax period(s)*		
Social Security/Employer Identification Number(s)*		
*Note: You may attach a copy of your Collection Deand identification number in the spaces above		ad of listing the tax type/form number/period
I've reached a resolution with the Internal Revenue Sor I am otherwise satisfied that I no longer need a he hearing request under <i>(check all that apply)</i> :		
IRC Section 6320, notice and opportunity for a he	earing upon the filing of a Notice of F	ederal Tax Lien
IRC Section 6330, notice and opportunity for a he	earing before a levy	
Both IRC Section 6320 and 6330 notices		
Equivalent Hearing		
understand that by withdrawing my request for	a Collection Due Process hearing	under Section 6320 and/or 6330:
 I give up my right to a hearing with Appeals. I und and tax periods subject to the hearing request. As requirements were met. I understand that by without 	part of a CDP determination, Appea	lls verifies that all legal and administrative
 I give up my right to seek judicial review in the Tax of the CDP Hearing, as Appeals will not issue a N 		n that Appeals would have issued as a result
 I give up my right to have Appeals retain jurisdiction CDP Hearing. 	on with respect to any determination	that it would have made as a result of the
 The suspension of levy action and the suspension provisions of IRC Sections 6320 and 6330, are no 		
• I do not give up any other appeal rights that I am e	entitled to, such as an appeal under	the Collection Appeals Program (CAP).
understand that by withdrawing my request for	an equivalent Hearing:	
 I give up my right to a hearing with Appeals. I und periods subject to the hearing request. 	erstand that Appeals will not issue a	Decision Letter with respect to the tax and tax
• I do not give up any other appeal rights that I am	entitled to, such as an appeal under	the Collection Appeals Program (CAP).
Taxpayer's signature		Date
Spouse's signature (if applicable)		Date
Authorized Representative signature (if applicable)		Date