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*	I	
Tax period(s)*		
Social Security/Employer Identification Number(s)*		
*Note: You may attach a copy of your Collection Due P and identification number in the spaces above.	Process notice to this form inste	ead of listing the tax type/form number/period
I've reached a resolution with the Internal Revenue Servior I am otherwise satisfied that I no longer need a hearing hearing request under (check all that apply):		
RC Section 6320, notice and opportunity for a hearin	g upon the filing of a Notice of I	Federal Tax Lien
RC Section 6330, notice and opportunity for a hearin	g before a levy	
Both IRC Section 6320 and 6330 notices		
Equivalent Hearing		
understand that by withdrawing my request for a Co	ollection Due Process hearing	under Section 6320 and/or 6330:
 I give up my right to a hearing with Appeals. I understa and tax periods subject to the hearing request. As part requirements were met. I understand that by withdraw 	t of a CDP determination, Appe	als verifies that all legal and administrative
 I give up my right to seek judicial review in the Tax Co of the CDP Hearing, as Appeals will not issue a Notice 		on that Appeals would have issued as a result
 I give up my right to have Appeals retain jurisdiction w CDP Hearing. 	ith respect to any determination	that it would have made as a result of the
 The suspension of levy action and the suspension of the provisions of IRC Sections 6320 and 6330, are no long 		
• I do not give up any other appeal rights that I am entitl	led to, such as an appeal under	the Collection Appeals Program (CAP).
understand that by withdrawing my request for an e	quivalent Hearing:	
 I give up my right to a hearing with Appeals. I understa periods subject to the hearing request. 	and that Appeals will not issue a	Decision Letter with respect to the tax and ta
• I do not give up any other appeal rights that I am entitl	led to, such as an appeal under	the Collection Appeals Program (CAP).
Taxpayer's signature		Date
Spouse's signature <i>(if applicable)</i>		Date
Authorized Representative signature (if applicable)		Date