

Privacy Release Form

The Honorable _____

I hereby authorize you or your staff to contact _____ in reference to my inquiry and request information on my behalf.

The _____ is authorized to furnish you or your staff with copies of any documents or verbally discuss, using any means (including personal voice mail to which no one else has access), any matters relative to my inquiry. I am aware that the Privacy Act of 1974 and IRC 6103 prohibit the release of information without my written authorization. I understand this form does not constitute a Power of Attorney.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: Home _____ Work _____ Fax _____
Cell _____

SOCIAL SECURITY NUMBER _____

TAX YEARS _____ TAX FORMS _____

If the inquiry relates to a business, please provide the following information:

COMPANY NAME _____

EMPLOYER IDENTIFICATION NUMBER _____

Your relationship to the business _____

Type of tax (income, employment, etc.) _____

Tax year/periods _____ Tax form _____

Briefly explain the problem below. Attach copies of any relevant documents.

Taxpayer(s) Signature

Date

Congressional office use only: I give permission for the Case Advocates to contact the constituent directly regarding this inquiry. Initial _____