



*Internal Revenue Service
Taxpayer Advocate Service
1240 East 9th Street, Room 423
Cleveland, OH 44199*

AUTHORIZATION /DISCLOSURE FORM

Congress Person: _____
Address: _____

Telephone Number: _____

Office Contact Person: _____

Taxpayer Name(s): _____

Address: _____

Telephone Number: Home _____ Work _____

Social Security Number: _____

Employer Identification Number: _____

Type of Tax (e.g., 1040, 1120, etc.): _____

Year(s) of Tax: _____

Description of Problem and Requested Action: _____

Under the Authority of the Internal Revenue Code 6102(c), I, the undersigned, authorize the above named individual or his/her staff to investigate and receive information pertaining to the matter described above.

Taxpayer Signature

Date

Please return this completed form and any other relevant information to:

Twinsburg District Office
Twinsburg Government Center
10075 Ravenna Road
Twinsburg, Ohio 44087