

AUTHORIZATION

Taxpayer's Name _____

Company/Organization _____

Address _____

Social Security No. _____

Employer ID No _____

Tax Form _____

I (we), _____ authorize the release of information from the Internal Revenue

Service pertaining to _____

for tax year(s) _____

I (we) authorize Congressman Mark S. Critz and/or a member of his staff to receive this information on my

(our) behalf.

Taxpayer's signature _____

Spouse's signature _____

Date _____

Home Phone _____

Cell Phone _____