

# Privacy Release Form

The Honorable \_\_\_\_\_

I hereby authorize you or your staff to contact the **Taxpayer Advocate Service** in reference to my inquiry and request information on my behalf.

**Taxpayer Advocate Service 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.**

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\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Initial \_\_\_\_\_