



Internal Revenue Service
Taxpayer Advocate Service
1240 E. 9th Street, Room 423
Cleveland, OH 44199

AUTHORIZATION /DISCLOSURE FORM

Congress Person: Congressman Jim Renacci
Address: 4150 Belden Village Street NW
Canton, OH 44718

Telephone Number: 330-489-4414
Office Contact Person: David Dobo
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:

*Congressman Jim Renacci
4150 Belden Village Street, NW
Canton, OH 44718*