MARK PRYOR COMMITTEES: APPROPRIATIONS COMMERCE, SCIENCE, AND TRANSPORTATION HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS SMALL BUSINESS AND ENTREPRENEURSHIP RULES AND ADMINISTRATION SELECT COMMITTEE ON ETHICS



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Constituent Authorization Form Internal Revenue Service

I hereby authorize the Office of Senator Mark Pryor to contact the Internal Revenue Service in reference to my inquiry and request information on my behalf. The IRS Taxpayer Advocate Service is authorized to contact other offices within the IRS, and to furnish Senator Pryor or his 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 prohibits the release of information regarding my account without my written authorization. I understand that this form does not constitute a Power of Attorney.

Full Name:	
Address:	
City, State, Zip Code:	
Home Phone:	Work Phone:
Cell Phone:	Fax:
Social Security No:	
Tax form	Tax year(s) or periods(s):
If the inquiry relates to a business	s, provide the following information:
Name of Company:	Employer's Identification No.:
What is your relationship to the	pusiness?
Type of tax (income, employment	nt, etc.):
Briefly describe the problem:	
Failure to complete all items list	ed above may prevent the IRS from providing specific account information.
PLEASE ATTACH ANY DOC	JMENTATION RELEVANT TO THE RESOLUTION OF YOUR INQUIRY.
Signed:	Date:
	Please Return to:

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