



Congressman Joe Pitts
 Berks, Chester, and Lancaster Counties



PRIVACY ACT CONSENT FORM

Internal Revenue Service
 IRS Section 404.6103 (c)-1

Return to:

Congressman Joe Pitts
 150 N. Queen Street, Suite 716
 Lancaster, PA 17603

Taxpayer(s) Name _____

Mailing Address _____

Phone: H _____ W _____ C _____

EIN (if applicable) _____

SSN _____ Spouse SSN _____

Type of Return _____ Tax Year(s) _____

Explain as clearly and briefly as you can the nature of your problem and what you are asking Congressman Pitts to do on your behalf:

By signing this privacy act consent form, I am acknowledging that I have requested assistance from Congressman Joseph R. Pitts on a matter that may require the release of information covered by IRS Section 404.6103 (c)-1. I hereby authorize the IRS to release all relevant information from my records and to discuss my case with Congressman Pitts or his staff. Additionally, I am authorizing the IRS to leave messages containing confidential information about my tax issue on Congressman Pitts' office answering machine.

Signature _____ Date _____

Spouse _____ Date _____