Privacy Release Form

The Honorable Congresswoman Deborah Ross

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.

Signature_____**Date**_____

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

Initial_____