

# Disclosure Authorization Form

David Joyce

United States Congressman - Ohio

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Mentor, OH 44060

(440) 352-3939 / Fax: (440) 266-9004

Date stamp

(TAS only)



YOUR VOICE AT THE IRS

## SECTION 1 – TAXPAYER INFORMATION

<b>Name as shown on tax return</b>	<b>Taxpayer Identifying Number (SSN, ITIN, EIN)</b>
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<b>Spouse's name as show on tax return</b>	<b>Spouse's Taxpayer identifying number</b>
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<b>Current Street Address, City, State and Zipcode</b>	
<b>Home phone number</b>	<b>Cell phone number</b>
<b>Email address:</b>	

## SECTION 2 – TAX RETURN(S) INFORMATION

<b>Tax form number (1040, 941, 720, etc)</b>	<b>Tax year(s) or period(s)</b>
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Please describe the tax issue you are experiencing, any difficulties it may be creating and the relief/assistance you are requesting. Please use back if necessary.

## SECTION 3 – Privacy Act RTITasT

Under the Authority of the IRC Sec 6103©, I, the undersigned, authorize the above named individual or his/her staff to investigate and receive information pertaining to the matter described above.

<b>Taxpayer Signature and date</b>	<b>Taxpayer Date of Birth</b>
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<b>Congressional Staffer:</b>	<b>Phone number:</b>
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