

UNITED STATES CONGRESSIONAL AUTHORIZATION FORM

Privacy Release Form



Taxpayer Advocate Service
320 Federal Place, Room 120
Greensboro, NC 27401

Taxpayer's E-Mail Address: _____
Congressional Office and Address:
Alice Torres, IRS Liaison
U.S. Representative Sue Myrick
6525 Morrison Blvd., Suite 402
Charlotte NC 28211
704-362-1060 office; 704-367-0852 fax
-----Please check the space in the left
if you would like to receive Sue's newsletter.

The Honorable SUE MYRICK

I hereby authorize you or your staff to contact IRS in reference to my inquiry and request information on my behalf.

The IRS 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