

UNITED STATES CONGRESSIONAL AUTHORIZATION FORM



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

(PRINT)

Taxpayer name(s) and Address	Social Security number(s):
Home telephone # _____	Employer identification number:
Business number# _____	
E-Mail Address: _____	

Congressional Office and address:

U.S. Representative Sue Myrick, 6525 Morrison Blvd., Suite 402,
Charlotte, NC 28211

Congressional contact and phone #:

E-Mail: alice.torres@mail.house.gov
Alice Torres, 704-362-1060 office; 704-367-0852 fax

_____ Please check the space to the left if you would like to receive Sue's eNewsletter.

Type of Tax (individual/business)	Tax Form (1040, 941, etc.)	Tax year(s)/Period(s)

Description of problem and requested resolution (attach supporting documentation, if any):
MUST LIST YEAR(S) OF TAX RELATED PROBLEM

Signature(s)

Date:

*Title/Position: