



AUTHORIZATION / DISCLOSURE FORM

Congressional Office: Congressman Patrick J. Tiberi
3000 Corporate Exchange Drive
Suite 310
Columbus, Ohio 43231

Telephone Number: (614) 523-2555 Fax Number: (614) 818-0887

Office Contact Person: Walter Taylor

Date of Birth _____

Taxpayer Name(s): _____

Address: _____

Telephone Number: (H) _____ (W) _____

Date of Birth _____

Social Security Number: _____

Employee ID Number: _____

Type of Tax _____

Year(s) of Tax _____

Description of Problem: _____

Under the Authority of Internal Revenue Code Sec. 6103(C) I, the undersigned, authorize the above named individual and /or his/her staff to investigate and receive information pertaining to the matter described above:

Taxpayer Signature _____

Date _____

Taxpayer Signature _____

Date _____