



**Internal Revenue Service
Taxpayer Advocate Service
550 Main St FOB Room 3530
Cincinnati, OH 45202**

AUTHORIZATION /DISCLOSURE FORM

Congress Person: Hon. Patrick J. Tiberi
Address: 3000 Corporate Exchange Drive, Suite 310
Columbus OH 43231

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

Office Contact Person: Walter Taylor

Taxpayer Name(s): _____

Address: _____

Telephone Number: Home _____ Work _____

Social Security Number: _____

Employer Identification Number: _____

Type of Tax (e.g., 1040, 1120, etc.): _____

Year(s) of Tax: _____

Description of Problem and Requested Action: _____

Under the Authority of the Internal Revenue Code 6102(c), I, the undersigned, authorize the above named individual or his staff to investigate and receive information pertaining to the matter described above.

Taxpayer Signature

Date

Taxpayer Signature

Date