



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

AUTHORIZATION /DISCLOSURE FORM

Congress Person: Patrick J. Tiberi

Address: 250 E. Wilson Bridge Rd, Suite 100, Worthington, OH 43085

Telephone Number: 614-523-2555

Office Contact Person: Joe Stefanov

Taxpayer Name(s): _____

Business Account Title of Officer _____

Exempt Organization Title _____

Address: _____

Telephone Number: Home _____ Work _____

Social Security Number: _____

Employer Identification Number: _____

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

Year(s) of Tax: _____

1023 or 1024 Application _____

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/her staff to investigate and receive information pertaining to the matter described above.

Taxpayer Signature

Date

Please return this completed form and any other relevant information to:

**Congressman Pat Tiberi
250 E. Wilson Bridge Rd, Suite 100
Worthington, OH 43085
Phone: 614-523-2555
Facsimile: 614-818-0887**