

**Privacy Act Release Form
Internal Revenue Service**

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released by the Internal Revenue Service to the office of Senator Barbara A. Mikulski.

NAME: _____

MD Residential Street Address: _____
(If you use a PO Box, you must
also provide a MD address of _____
record) _____

PHONE NUMBER (s): _____

SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER:

Have you contacted another congressional office about this case? _____

If yes, which office? _____

NATURE OF PROBLEM: _____

Signature

Signature of spouse (if joint return)

Date

Mail or Fax to: Senator Barbara A. Mikulski
 60 West Street
 Suite 202
 Annapolis, Maryland 21401
 Fax: 410-263-5949

Additional comments or information may be attached