

Internal Revenue Service Privacy Form

NAME: _____

ADDRESS: _____

PHONE #: _____

TAX ID #: _____

SOCIAL SECURITY#: _____

In accordance with Title 5, Section 552a of the United States Code, I hereby authorize Congressman Bill Shuster and/or his designated representative to receive, inspect, and discuss with the IRS any confidential tax information related to the problem described below:

TAX YEAR(S): _____

PROBLEM: _____

NAME: _____

DATE: _____

NAME: _____

DATE: _____

(SPOUSE)

Please complete this form and *include a letter of explanation regarding your problem*, then mail to:

Congressman Bill Shuster
310 Penn Street, Suite 200
Penn Street Center
Hollidaysburg, Pa 16648
814 696-6318 fax: 696-6726

mmb