



**Congressman Joe Pitts**  
 Berks, Chester, and Lancaster Counties



**PRIVACY ACT CONSENT FORM**

Internal Revenue Service  
 IRS Section 404.6103(c)-1

Return to:

**Chester and Berks Counties:**

Post Office Box 837  
 Rts. 82 & 926  
 Unionville, PA 19375

**Lancaster County:**

Office of Congressman Joe Pitts  
 Lancaster County Courthouse, 5<sup>th</sup> Floor  
 50 North Duke Street  
 Lancaster, PA 17602

I, \_\_\_\_\_, authorize Congressman Joe Pitts and/or a member of his staff to make inquiries of the Internal Revenue Service and to view confidential information so that they can be of assistance to me with the below referenced matter.

**Taxpayer's Name (please print clearly):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **EIN:** \_\_\_\_\_

**Spouse's Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Type of Return:** 1040EZ 1040A **Other:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Explain as clearly and briefly as you can the nature of your problem and what you are asking Congressman Pitts to do on your behalf:

PLEASE ATTACH COPIES OF PERTINENT FORMS AND CORRESPONDENCE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_