



DEPARTMENT OF THE TREASURY
Financial Management Service

AUTHORIZATION FOR RELEASE OF INFORMATION

Fax completed form to: (205) 912-6155

1. **TO:** U.S. Department of the Treasury, Financial Management Service (FMS)

FROM:

Name (include alias and maiden names):	Mailing Address (include street address, p.o. box, suite no., city, state, zip code):	
Social Security Number or Employer Identification Number:	Telephone No.	Fax No.

2. I authorize the FMS, its employees, agents, and contractors, to disclose to the following person:

REPRESENTATIVE:

Name of Individual:	Mailing Address (include street address, p.o. box, suite no., city, state, zip code):	
Company Name (optional):	Telephone No.	Fax No.

any and all information related to a debt owed by me to the United States Government, to a State, or any debt enforced by a State, including child support obligations, and/or any payments made or due to me by a Federal or State agency, and/or any tax return information disclosed to FMS by the Internal Revenue Service in order to collect tax debt through the levy process under 26 U.S.C. § 6331(h), and to conduct tax refund offset under 26 U.S.C. §§ 6402. Tax return information is defined in 26 U.S.C. § 6103(b). Information includes, but is not limited to, correspondence and other information related to my debt(s) or payment(s), including my tax refund payment(s).

- FMS, its employees, agents, and contractors, are not required to inform me of disclosures made under this authorization.
- This authorization will be valid for 6 months from the date of signing, unless sooner revoked by me in writing and the revocation is received and processed by FMS at this address: **Supervisor, TOP Call Center, P.O. Box 1686, Birmingham, Alabama 35201-1686.**
- A photocopy or facsimile copy of this signed authorization has the same force and effect as an original.

The person named in paragraph 1 must sign below. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form. **A separate FMS Form 13 must be provided for each debtor.**

Signature of Person Authorizing Disclosure

Date

Print Name of Person Authorizing Disclosure

Print Title of Person Authorizing Disclosure

Privacy Act Statement: Collection of this information is authorized by 5 U.S.C. §§ 552a, 26 U.S.C. §§ 6331 and 6402, 31 U.S.C. §§ 3716, 3720A and 7701(c). This information will be used to identify your debts submitted to the Treasury Offset Program for collection by Federal and State agencies and your Federal payments. This information will be disclosed to persons as authorized by you. Additional disclosures of this information may be to Federal and State agencies collecting your debt or issuing payments to you. The purpose of the additional disclosures will be to verify the accuracy of the information provided to FMS and to assist such agencies in collecting your debt. Where the taxpayer identification number is your Social Security Number, collection of this information is required by 31 U.S.C. § 7701(c). If you fail to furnish the information requested on this form, including your Social Security Number, FMS will not disclose to third parties information concerning your debts submitted to the Treasury Offset Program for collection by Federal and State agencies or your Federal payments.