

**TIM GRIFFIN**  
2ND DISTRICT, ARKANSAS  
ASSISTANT MAJORITY WHIP

1501 NORTH UNIVERSITY AVENUE  
SUITE 150  
LITTLE ROCK, AR 72207  
PHONE: (501) 324-5941  
FAX: (501) 324-6029

1232 LONGWORTH HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
PHONE: (202) 225-2506  
FAX: (202) 225-5903

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-0402

**COMMITTEE ON ARMED SERVICES**

SUBCOMMITTEE ON READINESS

SUBCOMMITTEE ON  
SEAPOWERS AND PROJECTION FORCES

**COMMITTEE ON THE JUDICIARY**

SUBCOMMITTEE ON CRIME,  
TERRORISM, AND HOMELAND SECURITY

SUBCOMMITTEE ON INTELLECTUAL PROPERTY,  
COMPETITION, AND THE INTERNET

**COMMITTEE ON FOREIGN AFFAIRS**

SUBCOMMITTEE ON EUROPE AND EURASIA  
(VICE CHAIRMAN)

SUBCOMMITTEE ON TERRORISM,  
NONPROLIFERATION, AND TRADE

SUBCOMMITTEE ON AFRICA,  
GLOBAL HEALTH, AND HUMAN RIGHTS

Privacy Release Form

The Honorable Tim Griffin:

I hereby authorize you or your staff to contact the Internal Revenue Service (IRS) Taxpayer Advocate Service in reference to my inquiry and request information on my behalf. The IRS Taxpayer Advocate Service is authorized to contact other offices within the IRS, and to furnish you or your staff with copies of any documents or verbally discuss any matters relative to my inquiry. I am aware that the Privacy Act of 1974 prohibits the release of information without my written authorization. I understand this form does not constitute a Power of Attorney.

(Please Print)

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home or Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Type of Tax (income, excise, etc.): \_\_\_\_\_

Tax years/periods: \_\_\_\_\_

Tax Form(s): \_\_\_\_\_

If the Inquiry relates to a business, please provide the following information as well:

Company Name \_\_\_\_\_

Your Relationship to the business \_\_\_\_\_

Employer Identification number \_\_\_\_\_

**BRIEFLY DESCRIBE THE ISSUE FOR WHICH YOU ARE REQUESTING CONGRESSMAN GRIFFIN'S ASSISTANCE:**

(If additional space is needed please feel free to write on the back or use additional paper. Also, please attach any relevant documentation.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Failure to complete all items listed above may prevent IRS from providing specific account information.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Congressional office use only: I give permission for the Case Advocates to contact the constituent directly regarding this inquiry.

Initial \_\_\_\_\_