



Senator Michael B. Enzi
379A Russell Senate Office Building
Washington, D.C. 20510

August 17, 2004

I authorize the Internal Revenue Service to disclose to Senator Michael B. Enzi and/or members of his staff any and all information pertaining to my tax return(s) for the period(s) ending: _____
_____.

(type of return)

Signature of Taxpayer

Signature of Spouse (if joint return)

Print name of taxpayer

Print name of spouse (if joint return)

Social Security number

Address

City, State, Zip Code