

# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ 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  
Hollidaysburg, PA 16648  
814-696-6318 - Phone  
814-696-6726 - Fax