



*Internal Revenue Service  
Taxpayer Advocate Service  
1240 East 9<sup>th</sup> Street, Room 423  
Cleveland, OH 44199*

**AUTHORIZATION /DISCLOSURE FORM**

**Congress Person:** Steven C. LaTourette  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Office Contact Person:** \_\_\_\_\_

**Taxpayer Name(s):** \_\_\_\_\_

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

**Telephone Number:** Home \_\_\_\_\_ Work \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Employer Identification Number:** \_\_\_\_\_

**Type of Tax (e.g., 1040, 1120, etc.):** \_\_\_\_\_

**Year(s) of Tax:** \_\_\_\_\_

**Description of Problem and Requested Action:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under the Authority of the Internal Revenue Code 6102(c), I, the undersigned, authorize the above named individual or his/her staff to investigate and receive information pertaining to the matter described above.

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

**Please return this completed form and any other relevant information to:**

Congressman Steven LaTourette  
1 Victoria Place  
Room 320  
Painesville, OH 44077-3406