



IRS Privacy Release Form Instructions

Due to the enactment of the Right to Privacy Act, I ask that you complete and sign this form authorizing me and my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office. This authorization is valid for up to one year after the date on this form.

Note: Inquiries can be made by the individual and surviving spouse. The next of kin (son, daughter, brother, sister) or someone legally acting on behalf of an individual must provide authorization such as power of attorney to obtain assistance.

Full Name

Full Name

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Street Address

Street Address

City

City

State

State

Zip Code

Zip Code

Email Address

Email Address

Phone Number

Phone Number

What do you need assistance with?

Specific Assistance Needed

Tax Year

Tax Year

Tax Form

Tax Form

If your inquiry is related to a business, please provide the following information:

Company Name

Company Name

Employer Identification Number

Employer Identification Number

Your Relationship to the Business

Your Relationship to the Business

Signature

Signature

Date

Date