

Internal Revenue Service

Authorization/Disclosure Form

Congressional Office: Congressman David L. Hobson
212 South Broad Street, Room 55
Lancaster, OH 43130-4389

Telephone Number: 740-654-5149

Fax Number: 740-654-7825

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

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

\_\_\_\_\_

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

Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

SS Number(s): Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

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

Type of Tax and Tax Year: \_\_\_\_\_

Description of Problem: \_\_\_\_\_

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I, the undersigned, authorize the above named person and/or his/her staff to investigate and receive information pertaining to the matter described above.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date