Disclosure Authorization Form

Sherrod Brown
United States Senator - Ohio
801 W Superior Avenue, Suite 1400
Cleveland, OH 44113
(216) 522-7272 / Fax: (216) 522-2239

Date stamp (TAS only)

Section I – Taxpayer information

Your name as shown on tax return	Taxpayer Identifying Number (SSN, ITIN, EIN)	
Spouse's name as shown on tax return (if applicable)	Spouse's Taxpayer Identifying Number (SSN, ITIN)	
Your current street address (Number, Street, & Apt. Number)		
City	State	ZIP code
Primary phone number	Secondary phone number	

Section II – Identity of the person to whom disclosure is to be made

Congressional aide name	Congressional aide phone number

Section III-Tax returns(s) information

Tax form number (1040, 941, 720, etc.)	Tax year(s) or period(s)
Please describe the tax issue you are experiencing and any difficulties it may be creating	
Please describe the relief/assistance you are requesting	

Section IV – Privacy Act Release

Under the Authority of the IRC § 6103(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 _____