

BUSINESS
AUTHORIZATION / DISCLOSURE FORM

Under the authority of Internal Revenue Code Section 6103(C) I, the undersigned, authorize Senator Carl Levin and his staff whose address is

477 Michigan Avenue, Room 1860
Detroit, MI 48226

to receive information from the Internal Revenue Service pertaining to the matter described below:

NAME OF PRINCIPLE OFFICER:

NAME OF FIRM:

ADDRESS:

(street)

(city/state)

(zip code)

EMPLOYER IDENTIFICATION NUMBER:

KIND OR TYPE OF TAX RETURN:

TAXABLE PERIOD(S):

DESCRIPTION OF PROBLEM:

(Name of Officer)

(Signature)

(Date)

WORK _____ HOME
Telephone number