

**Personal Taxes- Authorization/ Disclosure Form**

Under the authority of the Internal Revenue Code Section 6103(c), I authorize the Internal Revenue Service to release information pertaining to the matter described below to Senator Carl Levin and his staff at the following:

477 Michigan Avenue, Room 1860  
Detroit, MI 48226

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Involving Tax Year(s): \_\_\_\_\_

Description of Problem:

Is any other Congressional Office working on this concern? If yes, which one?

\_\_\_\_\_

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Name of Spouse (if joint return)

\_\_\_\_\_  
Signature Date  
**(Required)**

\_\_\_\_\_  
Signature of Spouse Date  
**(Required)**

**Please return completed form to:**

**Senator Carl Levin  
Attention: IRS Caseworker  
477 Michigan Avenue, Room 1860  
Detroit, MI 48226**

*Please be sure to sign and date release form*