

IRS Casework Privacy Release Form

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.

Full Name		
Social Security Number		Date of Birth
Street Address	City	State Zip
Email Address		Phone Number
Eman Address		r none number
Tax Year		Tax Form
Specific Assistance Needed		
If your inquiry is related to a busing	ness, please provide	the following information:
Company Name		
Employer Identification Number		Your Relationship to the Business
Type of Tax	Tax Year	Tax Form
U.S. Senator Tom Carper has my priles as necessary to assist me in the		inquiries into my personal records and/or sented to his office.
Taxpayer Signature		Date

Congressional office use only: I give permission for the case advocates to contact the constituent directly regarding this inquiry. (Initial here)

Please mail or fax this completed form, along with a detailed letter and all supporting documentation, to one of the following offices:

Attn: Casework Phone: (302) 573-6291 Office of U.S. Senator Tom Carper Fax: (302) 573-6434

301 North Walnut Street, Suite 102L-1

Wilmington, DE 19801

Attn: Casework Phone: (302) 674-3308 Office of U.S. Senator Tom Carper Fax: (302) 674-5464

500 West Loockerman Street, Suite 470

Dover, DE 19904

Attn: Casework Phone: (302) 856-7690 Office of U.S. Senator Tom Carper Fax: (302) 856-3001

12 The Circle

Georgetown, DE 19947