

Office of Congresswoman Debbie Dingell (MI-6) **IRS Privacy Release Form for Employing Entities**

The Privacy Act of 1974 requires that I obtain your written authorization for my office to correspond with any federal agency relevant to your matter. Kindly complete this form and return to one of my district offices at the addresses listed below. Thank you for your cooperation.

Identification Information

Entity Name:	
Employer Identification Number (EIN	l):
Address:	
This information must be completed	by and for an authorized financial representative.
Name:	
Case Information	
Federal Agency:	
Tax Year(s) and All Relevant Financial	l Quarter(s):
Tax Form(s):	
I,, he behalf with any federal agency releva	by an authorized financial representative. reby authorize Congresswoman Debbie Dingell and her staff to work on my ant to the matter described above, to receive and review any information
contained in my file, and if necessary	, to forward any pertinent correspondence sent by me regarding this matter.
Signature:	Date:
To return by mail, please send to eith	ner one of my district offices to the attention of our constituent services team:
2006 Hogback Road Suite 7 Ann Arbor, MI 48105	Woodhaven City Hall 21869 West Road Woodhaven, MI 48183

Woodhaven, MI 48183

To return by e-fax: 771-200-5839

Case Information:

Please be as detailed as possible regarding the assistance you are requesting and include any relevant documents/notices from the federal agencies involved. If necessary, you may continue to a second page.

Please provide a brief description of your issue:

Have you contacted another Congressional office regarding your case? If yes, please list that office.

How can Congresswoman Dingell assist you with this matter?