



Disclosure Authorization Form

Michael Turner
United States Congressman - Ohio
120 W Third Street, Suite 305
Dayton, OH 45402
(937) 225-2843 / Fax: (937) 225-2752

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 Jayden Gillman	Congressional aide phone number (937) 225-2843
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Section III-Tax returns information

Date Return Filed: (MM/DD/YYYY)		Signed Copy of Return Attached: (Yes/No)
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 Name (Print) Date

Spouse Name (Print) Date

Taxpayer Signature Date

Spouse Signature Date