



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 – Business Information

Name of Business (as shown on tax return)		Employer Identification Number (EIN)	
Name of Person to Contact		Name of Business Owner	
Street Address of Business			
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 (941, 1120)		Tax 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.

Representative Name (Print) Date

Representative Title (Print) Date

Representative Signature Date