



Disclosure Authorization Form  
U.S. Senator JD Vance  
Ohio

TAS Received Date:

**Section I – Taxpayer Information**

Name as shown on tax return	Taxpayer Identification Number (SSN, ITIN, EIN)
Spouse’s name as shown on tax return (if applicable)	Spouse’s Taxpayer Identification Number (SSN, ITIN)
Current Address	
Daytime Telephone Number	

**Section II – Identity of the person to whom disclosure is to be made**

Congressional Staffer name <b>Joseph Abner</b>	Congressional Staffer telephone number <b>(614) 516-5109</b>
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**Section III – Tax Return(s) information**

Form number (1040, 941, 1120 etc.)	Tax year(s) or periods(s)
Describe the issue you are experiencing and the difficulty it creates. Please attach copies of any letters you received from the IRS.	
Describe the 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. This authorization is good until such time as a final decision is made on my case and there is no further administrative appeal available to me.

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer Signature (if Married filing Jointly)

\_\_\_\_\_  
Date