



Office of Congressman Ben Cline

Consent for Release of Business Records by Taxpayer Advocate Service

Name of Company: _____

Address of Company: _____

City, State, and ZIP Code: _____

EIN: _____ Phone: _____

Representative of Company: _____

Role in Company: _____ *** PLEASE PROVIDE DOCUMENTATION ***

Email: _____

Would you like to subscribe to Congressman Cline's e-newsletter? ☐ Yes ☐ No

Details of the Issue:

Privacy Release is granted for the following tax years: _____

The issue pertains to Form(s): _____

Type of Tax (Income, Employment, etc.): _____

Have you previously contacted any other elected officials or the Taxpayer Advocate Service regarding this matter? ☐ Yes ☐ No

Please attach a brief explanation of your situation, including your desired outcome.

Please provide copies of any documents (forms you have filed, notices you have received, etc.) related to this situation.

I, _____ (name), on behalf of
_____ (company), have sought assistance
from Congressman Ben Cline on a matter that may require the release of information
maintained by your agency and which you may be prohibited from disseminating under the
Privacy Act of 1974.

I hereby authorize you to release all relevant portions of
_____’s (company) record or to discuss
problems involved in this case with Congressman Ben Cline or his representative until this
matter is resolved.

I understand that Congressman Ben Cline or his representative will be the point of contact
for resolution.

Signature _____ **Date** _____

PLEASE RETURN THIS FORM TO THE OFFICE MARKED BELOW.

<input type="checkbox"/> Roanoke 10 Franklin Rd., SE Suite 510 Roanoke, VA 24011 (540)-857-2672 (P)	<input type="checkbox"/> Staunton 117 S. Lewis St. Suite 215 Staunton, VA 24401 (540)-885-3861 (P)	<input type="checkbox"/> Harrisonburg 70 North Mason St. Suite 110 Harrisonburg, VA 22802 (540)-432-2391 (P)	<input type="checkbox"/> Winchester 100 North Loudon St. Suite 120 Winchester, VA 22601 (540)-546-0876 (P)
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OR VIA FAX AT 540-857-2675