



## Office of Congressman Ben Cline

Consent for Release of Personal Records by Taxpayer Advocate Service

### Primary Taxpayer's Information or Information of Deceased Taxpayer

☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and ZIP Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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

### Secondary Taxpayer's Information or Information of Claimant

☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and ZIP Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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

If Claimant, Relation to the Deceased: \_\_\_\_\_

\* Please provide documentation proving your handling of the deceased's estate. \*

**Details of the Issue:**

Privacy Release is granted for the following tax years: \_\_\_\_\_

The issue pertains to Form(s): \_\_\_\_\_

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 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 my 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** \_\_\_\_\_

**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**