



U.S. Senator John Cornyn

Attention: Casework Department
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(202) 228-6900 (Fax)
casework@cornyn.senate.gov (Email)

INTERNAL REVENUE SERVICE (IRS) PRIVACY RELEASE FORM

I hereby authorize Senator John Cornyn to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, Title 5, Section 552A of the U.S. Code, access to information concerning me in the files of the IRS. Additionally, Senator Cornyn is authorized to see any materials that may be disclosed pertinent to that request.

*****PLEASE BRIEFLY DESCRIBE YOUR DIFFICULTY ON A SEPARATE PAGE*****

Name: (Mr./Mrs./Ms.) _____
(Please Print Clearly)

Address: _____
(Street)

(City, State, Zip)

Telephone number: _____ Alternate: _____

E-Mail address: _____

Social Security Number: _____ Date of Birth: _____

Tax Year(s) of Concern: _____

Did you file your taxes jointly? Yes* No

***If you filed your taxes jointly, please have your spouse complete and sign a separate privacy release form. Additional IRS privacy release forms can be downloaded by visiting www.cornyn.senate.gov/forms.**

Tax Return Submitted: Electronically By Mail

SIGNATURE: _____ **DATE:** _____
Electronic signature not accepted