



PRIVACY RELEASE

*Please complete this form and return it to Senator Merkley's Portland office by mail to
121 SW Salmon Street, Suite 1400, Portland, OR 97204-2904 or by fax to 202-224-2073.*

FULL NAME (please print): _____ TELEPHONE: _____

MAILING ADDRESS: _____

E-MAIL or ALTERNATE PHONE: _____ SSN: _____ DOB: _____

IRS FORM (S) FILED: _____ TAX YEAR(S) individually listed: _____

SPOUSE'S info (if joint return): FULL NAME _____

SSN _____ DOB _____

I request the assistance of Senator Jeff Merkley and his staff with the **Internal Revenue Service (IRS)**.

Please describe why you are requesting help from Senator Merkley and the outcome you seek from this agency:

Have you contacted another elected representative for help with this matter? Yes No

If you answered "yes," who have you contacted? _____

Are you currently working with an attorney or personal representative on this matter? Yes No

If so, please provide the name and phone number of your attorney or personal representative: _____

Do you give your permission for this attorney/personal representative to discuss your case with Senator Merkley and his staff? Yes No

I hereby authorize Senator Merkley and his staff to contact any federal agency listed above to obtain information they need in order to assist me in accordance with the provisions of the Privacy Act of 1974 (5 § 552a). I further authorize the Senator, his staff, and the above-named agency to share such information electronically, such as through email.

Signature: _____ Date: _____

Spouse Signature (if related to a joint return): _____ Date: _____