



Disclosure Authorization Form
Representative Diana Harshbarger
1501 E Morris Blvd Ste 12
Morristown, TN 37813

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 Terry Harris | Congressional Staffer telephone number 423-254-1400 |
|--|--|

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