



OFFICE OF
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 3RD DISTRICT OF ARKANSAS
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IRS CASEWORK AUTHORIZATION FORM

Name _____ Date of Birth _____ SSA# _____

Address _____ EIN# _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Would you like to receive Congressman Womack's weekly email newsletter? Yes ___ No ___

I give the Taxpayer Advocate Service (TAS) permission to contact me directly. Yes ___ No ___

Tax Year(s) _____ **IRS Form(s)** _____

(Examples: 1040, 940, 941, 1023)

Briefly describe the issue

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Steve Womack or a member of his staff to make appropriate inquiries about this issue on my behalf, without any time or date limitations.

Signature _____ Date _____