

UNITED STATES SENATOR ★ INDIANA

MIKE BRAUN

115 North Pennsylvania St., Suite 100 Indianapolis, IN 46204 Phone: 317-822-8240/Fax: 317-822-8353

Your name as shown on tax return	l axpayer Identifying I	Number (SSN, ITIN, EIN)
Spouse's name as shown on tax return (if applicable)	Spouse's Taxpayer Identifying Number (SSN, ITIN)	
Your current street address (Number, Street, & Apt. Number		
City	State	Zip Code
Primary phone number	Primary e-mail addres	ss
	Tax year(s) or period	(s)
Tax Form Number (1040, 941, 720, etc.)		(s)
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Tax Form Number (1040, 941, 720, etc.) Please describe the tax issue you are experiencing and any di		(s)
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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.

If you have filed jointly with a spouse, please include both signatures below.		
Signature:	Date:	