

Cindy Hyde-Smith

United States Senator • Mississippi

Privacy Release Form

Consent for Release of Personal Records by the Internal Revenue Service

Mr./Mrs./Ms./ Dr./Other:	Name:		
Address:			
			County:
Email Address:		Phone:	
Tax Years:	Social Security Number:		
List anyone else who can o	liscuss your matter witl	n my office:	
☐ Yes ☐ No If Yes, please list the office	e(s):r problem(s) and how n	ny office might be	able to assist on your behalf. (You
*Note: This form and any c	orrespondence will be sent	to the agency officia	ls. Please do not send original documents.
	dual without that individual's	written permission. Y	red from releasing any information or discussing our signature on this page authorizes me, as you any pertinent information.
Signature:		Da	te:

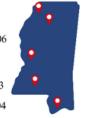
Email: casework@hydesmith.senate.gov

Southaven

4716 Pepper Chase Drive Southaven, MS 39671 Phone: (662) 655-2346 Fax: (662) 280-3006

Metro Jackson

1020 Highland Colony Parkway, Suite 203 Ridgeland, MS 39157 Phone: (601) 965-4459 Fax: (202) 228-6004



Oxford

911 East Jackson Avenue, Suite 249 Oxford, MS 38655 Phone: (662) 236-1018 Fax: (662) 236-7618

Brookhaven

P.O. Box 537 Brookhaven, MS 39602 Phone: (601) 748-8024 Fax: (202) 224-7444

Gulfport

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