

Authorization for Release of Federal Tax Data

This form will be used to validate federal tax return information that you provide to the Department of State. The information you supply will be compared to that shown on official Internal Revenue Service records. IRS data may include the return or a transcript of information contained on the return, as well as any other federal tax information concerning the years authorized. The name and mailing address of the Agency Office to where information is to be sent is:

Director, National Visa Center
United States Department of State MNL20006
Bureau of Consular Affairs
Portsmouth, New Hampshire 0380 1

To Be Completed by Sponsor

a) Sponsor Name: _____ Social Security Number: _____

b) Spouse's Name: _____ Social Security Number: _____
~~(if joint return filed)~~ _____

c) Current Street Address: _____

City: _____ State: _____ Zip Code: _____

d) Tax Years included with Affidavit of Support: _____

Your signature(s) indicates that you authorize the Internal Revenue Service to provide information with respect to your Form 1040 tax returns for the above years to the agency designated above. If a joint return was filed, either the husband or wife must sign.

**Do not sign and date this release form until you are ready to mail it
with all the documents requested by the National Visa Center**

Signature of Sponsor Date

Signature of Spouse Date

Privacy Act Notice

We ask for the information on this form to establish our right to gain access to your tax form or transcript under the Internal Revenue Code including sections 6130 and 6109. We need to gain access to your tax information or transcript in order to verify the accuracy of the information you have provided. If you do not provide the authorization, we may not be able to process the VISA application. We may give the information to the Department of Justice or other appropriate law enforcement officials, as provided by law. The information gathered may also be used for internal IRS compliance purposes.

Do not write in this space

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T Y _____ T Y _____ T Y _____
