**(First-party’s Name)**

(Address)

(City, Zip code)

(Date)

**Bureau of Internal Revenue**

(Address)

(City, Zip code)

To Whom It May Concern:

I, **(*first-party’s name****)*, hereby authorize my (***relationship with bearer****)*, (***name of bearer****),* to process and receive my Taxpayer Identification Number (TIN) ID on my behalf. I am unable to process this myself due to (***state reason for absence****)*.

Attached herewith are copies of my (***name of 2 valid IDs****)* as well as the representative’s *(****name of bearer’s valid ID)*** for verification purposes.

For any concerns and questions about the transaction, you may contact me at (***insert phone number****).*

Sincerely,

(***signature over printed name****)*