



AMERICANS FOR TAX REFORM

Taxpayer Protection Pledge

I, _____, pledge to the taxpayers of the _____ district
of the state of _____, and to the American people that I will:

ONE, oppose any and all efforts to increase the marginal income tax
rates for individuals and/or businesses; and

TWO, oppose any net reduction or elimination of deductions and
credits, unless matched dollar for dollar by further reducing tax rates.

Signature

Date

Witness

Witness

Pledges must be signed, dated, witnessed and returned to:

AMERICANS FOR TAX REFORM

1920 L STREET NW, SUITE 200, WASHINGTON, DC 20036

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