KATHY CASTOR 14TH DISTRICT, FLORIDA

COMMITTEE ON ENERGY AND COMMERCE Vice Ranking Member Subcommittee on Health Subcommittee on Energy and Power

SUBCOMMITTEE ON OVERBIGHT AND INVESTIGATIONS



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Congress of the United States House of Representatives Washington, DC 20515–0914

PRIVACY RELEASE FORM *** ECONOMIC IMPACT PAYMENT / STIMULUS PAYMENT***

The Privacy Act of 1974 states that disclosures of a personal or confidential nature will no longer be permitted to third parties without the express written consent of the individual. In order for U.S. Representative Kathy Castor (or her staff) to act on your behalf, please complete and sign the following statement.

Please Note: If you are inquiring on behalf of someone, that person must sign the release.

Date: Mr. Mrs. Ms. O	Other Name:					
ADDRESSES						
Physical Address:	City:	State:	Zip Code:			
Mailing Address:	City:	State:	Zip Code:			
Home Telephone #:	Cell phone #:	State:	Zip Code:			
Email:						
Social Security Number:						
Date of Birth:						
I. INTERNAL REVENUE SERVICES (IRS): Economic Impact Payment / Stimulus Payment:						
ATTACH COPIES OF:						
Social Security Card						
Income Tax Return – INCLUDE SIGNED SECOND PAGE						
Valid Florida Driver's License or Florida Photo I.D. with your current address						
vand Florida Driver 5 Excense of Florida Florida Florida Florida van your current address						
Please include a detailed explanation of your case and include any relevant documents.						
INFORMATION REGARDING YOUR ISSUE MUST ADDRESS:						
1. Have you filed your 2020 Tax Return						
2. Do you receive any type of <u>federal benefits</u> such as social security benefits, veteran compensation						
3. Have you updated your personal information through the IRS website, such as change of address or bank account information			dress or bank			

4. Do you have a debt with the Federal Government or owe State Child Support

Ι				
	(PRINT YOUR NAME)	, CONSTITUENT hereby authorize U.S. Representative Kathy Castor or her		
staff to work on my behalf and make inquiries into my personal records and/or files and obtain information				

about me pertaining to my request for assistance with any federal agency relevant to the matter described above, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter. I the undersigned, certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

Signature/Firma:

 Please return form by mail:
 Or by fax:
 Questions:

 Office of U.S. Representative Kathy Castor
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 (813) 871-2817

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