

KATHY CASTOR
14TH DISTRICT, FLORIDA

COMMITTEE ON
ENERGY AND COMMERCE
VICE RANKING MEMBER
SUBCOMMITTEE ON HEALTH

SUBCOMMITTEE ON
ENERGY AND POWER

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS



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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:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> 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			
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 federal benefits 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			
4. Do you have a debt with the Federal Government or owe State Child Support			

