



# Congressman Barry Loudermilk

11th District of Georgia

## Privacy Release Form for EIP Inquiry

### Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

**Please complete the information below that pertains to your inquiry request.**

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you receive direct deposit from Social Security, Railroad Retirement or the VA? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a current tax filer: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is your filing status: \_\_\_\_\_ Single \_\_\_\_\_ Married/Jointly

\_\_\_\_\_ Married/Separately \_\_\_\_\_ Head of Household

\_\_\_\_\_ Qualifying Widow(er) w/ Dependent Child

If you are a current tax filer did you file the following years? \_\_\_\_\_ 2018 \_\_\_\_\_ 2019

Has your 2019 tax filing been processed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you divorce/legally separate in 2019? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you claimed as a dependent in 2018? \_\_\_\_\_ Yes \_\_\_\_\_ No

In accordance with the provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby give my consent for information concerning my file to be furnished to my U.S. Representative Barry Loudermilk. I authorize U.S. Representative Loudermilk to receive all pertinent information and to make an inquiry regarding the above described issue.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form by email, fax or mail to: [caseworkga11@mail.house.gov](mailto:caseworkga11@mail.house.gov) Fax: (770) 517-7427

Mail: 9898 Highway 92, Suite 100, Woodstock, GA 30188, Phone: (770) 429-1776