

**STEP
4**

Complete **only** the sections that apply to your inquiry.
If you do not know the requested information, you may leave it blank.

Social Security

Current level of claim:

- New Claim
- Reconsideration
- Hearing
- Appeals Council
- Federal Court

Immigration

Beneficiary Information (If more room is needed, please attach additional pages)

First Name _____ Middle _____ Last _____

Street Address _____ City _____ State _____ Zip Code _____

A Number _____ Receipt Number _____ Date of Application _____

Petitioner Place of Birth _____ Beneficiary Place of Birth _____

Internal Revenue Service

Company Name (if applicable) _____ EIN # _____

Your Relationship to the Business _____

Type of Tax (income, employment, etc.) _____ Tax Years: From _____ To _____ Tax Form _____

(Office Use Only) I give TPA permission to contact the constituent directly regarding this inquiry _____

Medicare or Workers Compensation

Medicare Number _____ OWCP Number _____

Veterans Affairs and Military

By completing this form, I authorize Oklahoma's First Congressional District to review medical information listed under 38 U.S.C. 7332.

VA Case/C-File # _____ Branch of Service (Incl. National Guard) _____

Rank/Grade _____ Dates of Service _____ Duty Station _____

Passports

Date of Application _____ Date of Travel _____ Application Number _____

Destination _____ Did you pay to expedite the application? _____

**STEP
5**

Return

By Mail or In Person

First Congressional District Office
2448 E. 81st St, Suite 5150
Tulsa, OK 74137

By Fax or Email

Fax: 918-935-2716
Email: Cam.Thomas@mail.house.gov

Questions?

918-935-3222