

YOU NEED TO FILL IN ALL THE INFORMATION - EVERY YEAR - INCLUDING THIS TOP PORTION - PLEASE PRINT

YOUR NAME _____

SOCIAL SECURITY # _____

STREET, BOX, ETC _____

FEDERAL ID # _____

TOWN & STATE _____ ZIP _____

PHONE # (605) _____

EMAIL _____

INTEREST PAID (FORM 1099-INT)**DO NOT CHANGE HEADINGS**AMOUNTS PAID TO AN INDIVIDUAL ONLY
IF \$600.00 OR MORE**AMOUNT PAID****NAME & "COMPLETE" ADDRESS****SOCIAL SECURITY #**

\$ _____ Name _____

Address _____

City/State/Zip _____

\$ _____ Name _____

Address _____

City/State/Zip _____

\$ _____ Name _____

Address _____

City/State/Zip _____

\$ _____ Name _____

Address _____

City/State/Zip _____

\$ _____ Name _____

Address _____

City/State/Zip _____

\$ _____ Name _____

Address _____

City/State/Zip _____

\$ _____ Name _____

Address _____

City/State/Zip _____

\$ _____ Name _____

Address _____

City/State/Zip _____

\$ _____ Name _____

Address _____

City/State/Zip _____