

**TDF FORMS ARE DUE JUNE 30TH.
THERE ARE SEVERE PENALTIES AND NO EXTENSIONS!**

PLEASE COMPLETE THIS PAGE FOR EACH SEPARATE BANK ACCOUNT

FILER INFORMATION

ACCOUNT NUMBER:

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
STREET ADDRESS:				
CITY:		STATE	ZIP	
MAX. ACCT. VALUE DURING CALENDAR YEAR: \$		TYPE OF ACCOUNT: <input type="checkbox"/> BANK <input type="checkbox"/> SECURITIES <input type="checkbox"/> OTHER:		
(PLEASE CHECK ONE) ACCOUNT IS OWNED BY:		<input type="checkbox"/> ME <input type="checkbox"/> OWNED JOINTLY <input type="checkbox"/> NOT OWNED PERSONALLY / HAS SIGNATURE AUTHORITY		
NAME OF BANK OR FINANCIAL INSTITUTION :				

MAILING ADDRESS OF BANK OR FINANCIAL INSTITUTION:

STREET ADDRESS				
CITY:		STATE, IF APPLICABLE		
ZIP / POSTAL CODE		COUNTRY		

JOINT OWNER INFORMATION

TAX ID NUMBER:

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
STREET ADDRESS:				
CITY:		STATE, IF APPLICABLE		
ZIP / POSTAL CODE		COUNTRY		

IF YOU DO NOT OWN THE ACCOUNT BUT HAVE SIGNATURE AUTHORITY

YOUR TITLE WITH ACCOUNT OWNER:

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
STREET ADDRESS:				
CITY:		STATE, IF APPLICABLE		
ZIP / POSTAL CODE		COUNTRY		