

MANY HAPPY RETURNS

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Beneficial Ownership Information Form

This information will be used to file a Beneficial Ownership Information Report on behalf of the company identified below. By completing and returning this form to **Many Happy Returns** you represent that the information provided is true and accurate to the best of your knowledge.

COMPANY INFORMATION

LEGAL NAME: _____

ALTERNATE NAME (e.g. trade name, DBA): _____

TAX ID TYPE: _____

TAX ID NUMBER: _____

ADDRSS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

BENEFICIAL OWNER INFORMATION 1

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH: _____

Residential Address

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

Form of Identification

ID DOCUMENT TYPE: _____

ID DOCUMENT NUMBER: _____

ID DOCUMENT ISSUING JURISDICTION:

COUNTRY: _____

STATE (if applicable): _____

REQUIRED: ATTACH PICTURE OF THE FORM OF IDENTIFICATION

BENEFICIAL OWNER INFORMATION 2 (If applicable; attach additional pages for any additional beneficial owners)

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH: _____

Residential Address

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

Form of Identification

ID DOCUMENT TYPE: _____

ID DOCUMENT NUMBER: _____

ID DOCUMENT ISSUING JURISDICTION:

COUNTRY: _____

STATE (if applicable): _____

REQUIRED: ATTACH PICTURE OF THE FORM OF IDENTIFICATION