

Today's Date _____

Truck # _____

Date Truck Purchased _____

Trainer _____ Yes _____ No

INFORMATION SHEET

YOU AND SPOUSE

Your Name _____

Spouse's Name _____

Your Social Security # _____

Spouse's Social Security # _____

Your Date of Birth _____

Spouse's Date of Birth _____

YOUR DEPENDENTS

First and Last Name	Date of Birth	Relationship	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR ADDRESSES/PHONES

Mailing Address – Street/City/State/Zip: _____

Tax Address – Street/City/State/Zip: _____

County _____

E-Mail Address _____

Home Phone: (_____) _____
(area code)

Cell Phone: (_____) _____
(area code)

YOUR INCOME TAX FILING STATUS

_____ Single

_____ Head of Household

_____ Married Filing Joint

_____ Married Filing Separate

OTHER INCOME ESTIMATE

Spouse's Wages _____

Interest Income _____

Retirement Income _____

Other Business Income _____