SPECIAL INFORMATION

	NAMES	SOCIAL SECURITY NUMBER	DATE OF BIRTH
Owners:			
Children:			

County:

Township:

School District:

Tax Accounting Method:

Cash_____ Accrual_____

CCC Loans Treated as:

Income_____ Loans_____

Other Dependents:			Relationship

Attorney:	
Accountant:	
Insurance Agent:	

Key Personal Papers Stored at:	
Will (Original Copy):	
Dated:	
Stored at:	
Federal Employer Identification #:	
Sales Tax Exemption Number:	
Fuel Tax Exemption Number:	
Pesticide Applicator Permit Number:	