

Name, Address, Telephone No. & I.D. No.

UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA
325 West F Street, San Diego, California 92101-6991

In Re

BANKRUPTCY NO.

Debtor.

STATEMENT OF SOCIAL SECURITY NUMBER(S)
(or other Individual Taxpayer-Identification Number(s) (ITIN(s))

1. Name of Debtor (Last, First, Middle): _____
(Check the appropriate box and, if applicable, provide the required information.)

Debtor has a Social Security Number and it is: _____
(If more than one, state all)

Debtor does not have a Social Security Number but has an Individual Taxpayer-Identification Number (ITIN), and it is: _____
(If more than one, state all)

Debtor does not have either a Social Security Number or an Individual Taxpayer-Identification Number (ITIN).

2. Name of Joint Debtor (Last, First, Middle): _____
(Check the appropriate box and, if applicable, provide the required information.)

Joint Debtor has a Social Security Number and it is: _____
(If more than one, state all)

Joint Debtor does not have a Social Security Number but has an Individual Taxpayer-Identification Number (ITIN), and it is: _____
(If more than one, state all)

Joint Debtor does not have either a Social Security Number or an Individual Taxpayer-Identification Number (ITIN).

I declare under penalty of perjury that the foregoing is true and correct.

X _____
Signature of Debtor Date

X _____
Signature of Joint Debtor Date

*Joint debtors must provide information for both spouses.

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.