

Name, Address, Phone, Fax, Email of Person Submitting Form:

CONFIDENTIAL

Debtor:

Case No.:

Joint Debtor (if any):

Chapter:

STATEMENT OF SOCIAL SECURITY NUMBER (SSN) OR
INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN)☐ Amended

1. Name of Debtor (Last, First, Middle):

☐ 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: _____☐ Debtor does not have either a Social Security Number or an Individual Taxpayer Identification Number.

2. Name of Joint Debtor (Last, First, Middle):

☐ 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: _____☐ Joint Debtor does not have either a Social Security Number or an Individual Taxpayer Identification Number.

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

/s/ _____
Debtor/s/ _____
Joint Debtor

*Joint debtors must provide information for both spouses.

Penalty for making a false statement: Fine of up to \$250,000.00 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 & 3751.