

**\*\*IF YOUR COMPANY OWNS OTHER COMPANIES\*\***  
**IF different than prior year**

**Ownership Information**

**\*\*Please fill in all information\*\***

Enter Social Security for Individuals

Enter EIN for Businesses

<b>Name of Company Owned by your Company</b>	Mailing Address	% of Ownership	Dates of Ownership	Phone#	SSN or EIN **required	Title (if an officer)	US Citizen?

**Upload Additional Pages if Necessary**

**Please list OWNERS of YOUR company during the tax year  
IF different than prior year**

**Ownership Information**

**\*\*Please fill in all information\*\***

Enter Social Security for Individuals

Enter EIN for Businesses

Shareholder Name & Email address	Mailing Address	% of Ownership	Dates of Ownership	Phone #	SSN or EIN **required	Title (if an officer)	US Citizen?

**Upload Additional Pages if Necessary**