5678, (Re	Department of Treasury ev. 03-21)								Tax Year (YYYY)
	_				on Statemer				ers of
		-		_	nts Agreeme	nts, Forr	n	5678	
	der authority of Public Act print in blue or blac		967, as a	mende	ed.				Attachment 31
Filer's F	irst Name	K IIIK.	M.I.	Last	Name			Filer's F	ull Social Security No. (Example: 123-45-6789)
If a Join	t Return, Spouse's First N	ame	M.I.	Last	Name			Spouse'	s Full Social Security No. (Example: 123-45-6789)
Comple	ete only if you are a j	oint ow	ner wit	h son	neone other than you	r spouse. Th	is	form must	be signed by all joint owners.
	A				В	С		D	E
County	Agreement Nun		5						
Code (2 digits)	Contract Number	Expir Enter as	ration Da MM-DD-			Partner's or		Partner's or	
01	EXAMPLE 98765		31 - 206	0	Partner's or Joint Owner's Social Security Number	Joint Owner's Percentage of Income	ł	Joint Owner's Percentage of Ownership	Signatures are required of all partners or joint owners other than your spouse
					Coolar Scounty Number		T		or joint owners other than your spouse
						%	+	%	
						%		%	
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						%	+	70	
						%	1	%	
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