

DISCLOSURE 5 - TAX & TAX COMPLIANCE

Supplemental Individual Name _____ Phone No. _____

(1) TAXING AGENCIES

List all federal, state, local, and foreign jurisdictions in which the supplemental individual was subject to taxation during the last year. Add additional pages if necessary.

Taxing Agency	Type of Tax (E.g., Federal income tax, state income tax, sales tax)

(2) TAX COMPLIANCE

Has the supplemental individual ever been served with, or had filed against it, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?

- Yes No

If you answered **yes**, provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due). Add additional pages if necessary.

Taxing Agency	Type of Tax	Tax Year	Amount	Disposition