

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

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In re:

Case No.

Chapter

Debtor(s)*

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

1. Name of Debtor (enter 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 (enter 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.*