

PART C (continued): INFORMATION ABOUT ADDITIONAL ENTITY MEMBERS

Indicate the entity name from page 7 here:

Applicant's Social Security Number
or Individual Taxpayer ID Number

Entity Name:

If there is more than one entity, make a copy of this page as many times as needed

Other entity members:

Last Name:

First Name:

Social Security Number or *Individual Taxpayer*
Identification Number, if known:

Percentage of interest during
the period of discrimination

 - - %

Last Name:

First Name:

Social Security Number or *Individual Taxpayer*
Identification Number, if known:

Percentage of interest during
the period of discrimination

 - - %

Last Name:

First Name:

Social Security Number or *Individual Taxpayer*
Identification Number, if known:

Percentage of interest during
the period of discrimination

 - - %

Last Name:

First Name:

Social Security Number or *Individual Taxpayer*
Identification Number, if known:

Percentage of interest during
the period of discrimination

 - - %

Last Name:

First Name:

Social Security Number or *Individual Taxpayer*
Identification Number, if known:

Percentage of interest during
the period of discrimination

 - - %

Last Name:

First Name:

Social Security Number or *Individual Taxpayer*
Identification Number, if known:

Percentage of interest during
the period of discrimination

 - - %