Form 1125-E Officer Information

	First Name	MI	Last Name	
Officer name	1	2 3		
	Suffix Professional			
	4 5			
ID Number	6			
	7			
Title	8			
Street address				
City	9			
	State ZIP			
U.S. only	10 11			
	Province/State	Country	Postal Code	
Foreign only	12	13	14	
E-mail	15			
Telephone number	16 Signs return	17 Books in a	care of	
Date employed in the position from	19			
	20			
Date employed in the position to	Total Com		Preferred	Time
Ownership and Participation	21 22	2	3	24
	%	%	%	%
Compensation Officer's deductible compensation				25
				26
3 Compensation of officers claimed	on Form 1125A and elsewhere on return			27
Expense allowance amount (DC o	nly)			21
	First Name	MI 1 2 3	Last Name	
Officer name	1	MI 2 3	Last Name	
Officer name	1 Suffix Professional		Last Name	
Officer name	1 Suffix Professional 4 5		Last Name	
Officer name ID Number	1 Suffix Professional		Last Name	
	1 Suffix Professional 4 5			
ID Number	1 Suffix Professional 4 5			
ID Number Title Street address	Suffix Professional 4 5 6 7			
ID Number Title	Suffix Professional 4 5 6 7 8 9			
ID Number Title Street address	Suffix Professional 4 5 6 7 8 9			
ID Number Title Street address City	Suffix Professional 4 5 6 7 8 9 State ZIP] 2 3	Postal Code	
ID Number Title Street address City	Suffix Professional 4 5 6 7 8 9 State ZIP 10 11			
ID Number Title Street address City U.S. only	Suffix Professional 4 5 6 - 7 - 8 - 9 - 10 11 Province/State] 2 3	Postal Code	
ID Number Title Street address City U.S. only Foreign only E-mail	1 Suffix Professional 4 5 6	2 3 Country 13	Postal Code	
ID Number Title Street address City U.S. only Foreign only E-mail Telephone number	1 Suffix Professional 4 5 6	2 3 Country 13	Postal Code	
ID Number Title Street address City U.S. only Foreign only E-mail Telephone number Date employed in the position from	Suffix Professional 4 5 6	2 3 Country 13	Postal Code	
ID Number Title Street address City U.S. only Foreign only E-mail Telephone number Date employed in the position from Date employed in the position to	1 Suffix Professional 4 5 6 7 8 9 State ZIP 10 11 Province/State 12 15 16 19 20	2 3 Country 13 17 Books in a	Postal Code 14 Care of 18	
ID Number Title Street address City U.S. only Foreign only E-mail Telephone number Date employed in the position from	1 Suffix Professional 4 5 6	2 3 2 3 Country 17 Books in o 17 Books in o 17 2 17	Postal Code 14 Care of 18 Preferred 3	
ID Number Title Street address City U.S. only Foreign only E-mail Telephone number Date employed in the position from Date employed in the position to	1 Suffix Professional 4 5 6 6 7 6 7 8 9 9 State ZIP 10 11 9 10 11 9 11 Province/State 12 15 16 Signs return 19 20 Com	2 3 2 3 Country 13 17 Books in a 17 Books in a	Postal Code 14 Care of 18 Preferred	
ID Number Title Street address City U.S. only Foreign only E-mail Telephone number Date employed in the position from Date employed in the position to Ownership and Participation	1 Suffix Professional 4 5 6	2 3 2 3 Country 17 Books in o 17 Books in o 17 2 17	Postal Code 14 Care of 18 Preferred 3	24
ID Number Title Street address City U.S. only Foreign only E-mail Telephone number Date employed in the position from Date employed in the position to Compensation Officer's deductible compensation	Suffix Professional 4 5 6 7 8 9 State ZIP 10 11 11 Province/State 12 15 16 Signs return 19 20 Total 21 %	2 3 2 3 Country 17 Books in o 17 Books in o 17 2 17	Postal Code 14 Care of 18 Preferred 3	24 %
ID Number Title Street address City U.S. only Foreign only E-mail Telephone number Date employed in the position from Date employed in the position to Date employed in the position to Compensation Officer's deductible compensation	Suffix Professional 4 5 6 - 7 - 8 - 9 - State ZIP 10 11 11 - 12 - 15 - 16 Signs return 19 - 20 - 12 - 13 - 20 - 19 - 20 - 21 % 22 - 0 - 19 - 20 - 21 % 22 - 0 - 21 % 0 - 0 - 0 - 0 - 12 - 13 - 24 - 0 - 13 - <	2 3 2 3 Country 17 Books in o 17 Books in o 17 2 17	Postal Code 14 Care of 18 Preferred 3	24 % 25