

# Driver License Information

Please complete all information and return with your Tax Documents

Primary Taxpayer Name: \_\_\_\_\_

State issued: \_\_\_\_\_

ID #: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Document # (NY only-On Back) \_\_\_\_\_

Secondary Taxpayer Name: \_\_\_\_\_

State issued: \_\_\_\_\_

ID #: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Document # (NY only-On Back) \_\_\_\_\_