

## DATA ENTRY FORM (NON-PERSONAL ACCOUNTS)

**ENTITY**

Legal Designation (Corp; LLC etc.):
State Of Legal Formation:
TIN TYPE- EIN/SSN/ITIN:
Business Name:
Nature of Business:
Business City/State/Zip:
Completion Reason:
Business Website:
Phone Number:
# of Locations:

**Owner/Designator Information:**

Name:	RAYMOND S. JAGODZINSKI
Address:	1605 E. CENTRAL RD. 215 B
City/State/Zip:	ARLINGTON HEIGHTS IL 60005
Phone Number:	847-767-6351
TIN TYPE- SSN/ITIN:	339-36-0946
Date of Birth:	3-23-44
Gender:	M
Primary ID Number & Type:	ILLINOIS DRIVERS LICENSE
Issue date:	7-30-12
Expiration Date:	3-23-16

**Owner/Designator Information:**

Name:
Address:
City/State/Zip:
Phone Number:
TIN TYPE- SSN/ITIN:
Date of Birth:
Gender:
Primary ID Number & Type:
Issue date:
Expiration Date:

