



DEPOSIT COUPONS

Account Holder Name (First/MI/Last):		
Account Number	Deposit Amount	Check Number
Expected Wire Transfer Date	Investment Name	<input type="checkbox"/> Payment towards Note or Debt* <input type="checkbox"/> Rental or Property Income Sale <input type="checkbox"/> Proceeds (partial sale)
Email Address	Asset Reference Number	

- Contribution For Tax Year _____
 Rollover For Tax Year _____

**SEP Contributions are reported the year they are received.*

- COVID-19 Distribution Repayment
 Sale Proceeds (complete sale) Interest or Dividends
 Other: _____
 Repayment of Qualified Birth/Adoption Distribution

** Please provide a breakdown of principal and interest payments below if this is a payment towards a note or other debt instrument.*

Interest \$	Principal \$	Other \$
New Ending Balance on the Note/Debt \$		

6100 Indian School Rd. NE, Suite 215 Albuquerque, NM 87110 ·
 Toll Free: 1-800-529-3951 · Fax: 505-792-6096 ·
 Email: Help@IRASTC.com

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