

ACCOUNT HOLDER NAME <i>FIRST/MI/LAST</i>		
ACCOUNT NUMBER	DEPOSIT AMOUNT \$	CHECK NUMBER
EXPECTED WIRE TRANSFER DATE	INVESTMENT NAME	
EMAIL ADDRESS		ASSET REFERENCE NUMBER

****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 \$		

<input type="checkbox"/> Contribution	For Tax Year: _____
<i>SEP Contributions are reported in the year they are received.</i>	
<input type="checkbox"/> Employee Contribution	<input type="checkbox"/> Employer Contribution
<i>If this deposit is for a SEP, SIMPLE, or 401(k) plan, please specify above whether this is an "Employee" or "Employer" contribution.</i>	
<input type="checkbox"/> Rollover	For Tax Year: _____
<input type="checkbox"/> Payment Towards Note or Debt** <input type="checkbox"/> Sale Proceeds – Sale Direction Required <input type="checkbox"/> Rental or Property Income Sale <input type="checkbox"/> Repayment of Qualified Birth/Adoption Distribution <input type="checkbox"/> Proceeds (partial sale) <input type="checkbox"/> Other: _____	

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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