

# INFORMATION RETURN/FORM

### Portion of Contract Price Outstanding/Earned as of December 31, 2002

Taxpayer's Name \_\_\_\_\_

Taxpayer Identification No. \_\_\_\_\_

Registered Address

Profession/Occupation \_\_\_\_\_

[illegible]

I hereby declare and promise that I will pay all the applicable business taxes hereon, if any, upon collection of the consideration.

Signature over Printed Name of Taxpayer/  
Taxpayer Authorized Representative

Date \_\_\_\_\_

