

**United States Bankruptcy Court  
Northern District of Illinois  
Division**

In Re:

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)  
)  
)

Bankruptcy Case No.

Debtor

**Statement of Social Security or Employee Identification Number**

Name of claimant: \_\_\_\_\_

Claimant's Social Security or EI Number: \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Claimant                      Date

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*Penalty for making a false statement:* Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.