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**PARTNER/SHAREHOLDER/
BENEFICIARY
CONFIRMATION FORM**
 (If same as last year, simply enter "Same.")

	Name	Address	SSN or EIN	Partners only GP/LP	Check if changed during year?	Date and Amount of Change
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						