



INCOME DISTRIBUTION FORM

Location Name: _____

Location Address: _____

TID#: _____

Monthly Fee Amount: \$ _____

Fee Paid By: 1 2 3 4

Fee Paid To: 1 2 3 4

1) Distributor Name (as shown on recipient's tax return) _____ Social Security No: _____ (or Federal Tax ID _____)

Address _____ City _____ State _____ Zip _____ Phone _____

Individual /Sole Proprietor Corporation LLC Partnership Other (identify): _____ I/C: \$ _____

Surcharge Split: 1) \$ _____ per tx, for _____ (# of tx) 2) \$ _____ per tx, for _____ (# of tx) Retro 3) \$ _____ per tx, for _____ (# of tx) Retro

2) Name (as shown on recipient's tax return) _____ Social Security No: _____ (or Federal Tax ID _____)

Address _____ City _____ State _____ Zip _____ Phone _____

Individual /Sole Proprietor Corporation LLC Partnership Other (identify): _____ I/C: \$ _____

Surcharge Split: 1) \$ _____ per tx, for _____ (# of tx) 2) \$ _____ per tx, for _____ (# of tx) Retro 3) \$ _____ per tx, for _____ (# of tx) Retro

3) Name (as shown on recipient's tax return) _____ Social Security No: _____ (or Federal Tax ID _____)

Address _____ City _____ State _____ Zip _____ Phone _____

Individual /Sole Proprietor Corporation LLC Partnership Other (identify): _____ I/C: \$ _____

Surcharge Split: 1) \$ _____ per tx, for _____ (# of tx) 2) \$ _____ per tx, for _____ (# of tx) Retro 3) \$ _____ per tx, for _____ (# of tx) Retro

4) Name (as shown on recipient's tax return) _____ Social Security No: _____ (or Federal Tax ID _____)

Address _____ City _____ State _____ Zip _____ Phone _____

Individual /Sole Proprietor Corporation LLC Partnership Other (identify): _____ I/C: \$ _____

Surcharge Split: 1) \$ _____ per tx, for _____ (# of tx) 2) \$ _____ per tx, for _____ (# of tx) Retro 3) \$ _____ per tx, for _____ (# of tx) Retro

By my signature below, I certify to both WRG Services Inc. and the United States Internal Revenue Service that all the information is correct and accurate to the best of my knowledge. I understand and agree that WRG may withhold payments to all parties, including me, until I obtain and provide to WRG correct or corrected information, and I understand that this document may be provided to the IRS.

Printed Name: _____

Signature: _____

Date: _____