

Cash Intake Form

| Student ID: | | | Date:// |
|--|-------------------|---|--|
| Last Name: | First Name: | | M.I.: |
| Address: | City: | | |
| State: | | | |
| Occupation: | Taxpayers ID: | | DOB:// |
| Cash Amount: \$ | | | |
| Do not have an office or j Do not furnish a withhole §1.1441-S (c) (2) (iv) or (| | or paying agent in §1.1441-1 (e) (2) on I under §1.1441-1 (e), or other documen | the U.S.; r (3) or (e) (4) (vii); or |
| | Cash Office Use O | nly | |
| Received by: | | | |
| Method Used to Verify Identifica | | | |
| TYPE | IDENTIFICATION # | EXP. DATE | ISSUED BY |
| Driver's License | | | |
| Passport | | | |
| Permanent Resident Card | | | |
| Other U.S. Gov't Issued ID | | | |