

**Form ID-FTHB  
Beneficiary and Withdrawal Schedule  
First-time Home Buyer Savings Account**

Account holder names	Social Security number
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**Registration information**

Financial institution name	Account number	Date account opened

**Beneficiary information**

Name	Social Security number	Date the beneficiary was named

**Withdrawals from account**

Withdrawal date	Withdrawal amount	Withdrawal purpose

Financial Institutions: File this schedule with the Idaho State Tax Commission within 90 days of a withdrawal.

**Mail to: Idaho State Tax Commission, PO Box 36, Boise, ID 83722-0410**