

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

2021

| Account holder names | | | Social Security number |
|----------------------------|-------------------|------------------------|--------------------------------|
| Destate destate se | 4 | | |
| Registration informa | tion | | |
| Financial institution name | | Account number | Date account opened |
| | | | |
| | Benefici | iary information | |
| Name | | Social Security number | Date the beneficiary was named |
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| Withdrawals from account | | | |
| Withdrawal date | Withdrawal amount | Withdrawal purpose | |
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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