

INDEPENDENT VERIFICATION OF THE FEDERAL GOVERNMENT'S
 STATEMENT OF DEBTS OF THE PUBLIC DEBT OFFICE
 (ALL FEDERAL GOVERNMENT DEBTS)

NAME: _____ DATE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

1. Name of the person or entity to whom the debt is owed: _____
 2. Amount of the debt: _____
 3. Date of the debt: _____
 4. Description of the debt: _____
 5. Name of the person or entity who owes the debt: _____
 6. Amount of the debt: _____
 7. Date of the debt: _____
 8. Description of the debt: _____

DEBT NO.	DEBT AMOUNT	DEBT DATE	DEBT DESCRIPTION	DEBT STATUS
1	100	1/1/20	100	100
2	100	1/1/20	100	100
3	100	1/1/20	100	100
4	100	1/1/20	100	100
5	100	1/1/20	100	100
6	100	1/1/20	100	100
7	100	1/1/20	100	100
8	100	1/1/20	100	100
9	100	1/1/20	100	100
10	100	1/1/20	100	100
11	100	1/1/20	100	100
12	100	1/1/20	100	100
13	100	1/1/20	100	100
14	100	1/1/20	100	100
15	100	1/1/20	100	100
16	100	1/1/20	100	100
17	100	1/1/20	100	100
18	100	1/1/20	100	100
19	100	1/1/20	100	100
20	100	1/1/20	100	100

THE DEBTOR

Signature of the debtor

100

1/1/20

1. Name of the person or entity to whom the debt is owed: _____

2. Amount of the debt: _____

3. Date of the debt: _____

4. Description of the debt: _____

5. Name of the person or entity who owes the debt: _____

6. Amount of the debt: _____

7. Date of the debt: _____

8. Description of the debt: _____



2/1/20