

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

Account holder names	Social Security number
----------------------	------------------------

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