

**Annual Trust Report
Employment and Income Assistance
Trust Exemptions for Persons with Disabilities
January 1, _____ to December 31, _____**

Participant's Name: _____ EIA File No: _____

Is the EIA participant the Trustee? _____

If the Trustee is not the EIA participant or there is a Co-trustee:

Name of Trustee: _____ Telephone No: _____

Address of Trustee: _____

* Please list each transaction separately.

* If attaching monthly statements, please label all transactions.

Date	Source of Deposit	Deposit(s)	Interest	Money Withdrawn (includes fees)	Balance	List Item(s) Purchased
TOTAL						

Participant's Signature (if applicable): _____ Date: _____

Trustee Signature: _____ Date: _____

-----FOR OFFICE USE ONLY-----

Program Authorization: _____ Date: _____

Comments: _____