_	Form 5766	REVENUE First-Time Home Buyers	Department Use Only (MM/DD/YY)							
Account Holder Information	Account Holder Name Spouse Name Account Holder's Address		Social Security Number Spouse Social Security Number City				State	ZIP Code		
Acco	Address of Residence Purchased		City				State	ZIP Code		
Beneficiary Information	Beneficiary Name			Beneficiary Social Security Number						
	Beneficiary A	ddress		City				State	ZIP Code	
Financial Institution	Financial Institution Name Total Account Deposits Account Balance January 1	. 00	Total Account Withdrawals Account Balance December 31	Account Number	. 00	Interest Earned]. 00
Military	Military service member with home of record outside of Missouri									
Expenses	Date (M	M/DD/YYYY)/	Des	cription			Ar	mount		00 00 00
	First-Time Home Buyer									
Deduction	Enter this ar				. A			00		
	Enter this amount on Form MO-1040, Line 22 B. Accrued Interest							. 00		