

HOUSE TAXATION COMMITTEE

BILL NUMBER: _____

SUPPORT _____ OPPOSE _____ NEUTRAL _____

TESTIMONY WILL BE:

IN PERSON ORAL _____ WEBEX ORAL _____ WRITTEN ONLY _____

FOR MEETING ON _____ (DATE)

TESTIMONY BY: _____

(Name of person testifying)

ON BEHALF OF: _____

(Association, Corporation, Individual)

EMAIL ADDRESS _____

TELEPHONE _____