

## CONVENTIONAL / SBA LOAN APPLICATION BUSINESS LOAN APPLICATION CHECKLIST

Please use this checklist as a guide to the documentation necessary to complete the processing of your business loan. If certain items are not readily available, please forward as much as possible and identify which items are to follow.

**NOTE: Personal Forms/Information must be provided for each owner holding 20% or more of applicant business.**

### Complete and Sign the attached forms:

- Credit Check Authorization. Must be signed and dated by each Borrower/Guarantor
- Conventional / SBA Loan Application
- Business Projected Profit / Loss Statement with Assumptions to Projections
- Business Debt Schedule
- History of Business
- Personal Financial Statements on all Borrowers/Guarantors (dated within 60 days)
- Personal Budget / Cash Flow Statement
- IRS Form 4506 (one for each business and each borrower/guarantor)
- Resumes on each Borrower, Guarantor and Key Management Personnel

### In addition, please provide the following:

- Accountant-Prepared Business Financial Statements (Profit & Loss, Balance Sheet)
- Business Federal Tax Returns for the past three fiscal years
- Interim Financial Statements within the past 60 days (if available)
- Affiliate Information. Interim income statement, balance sheet, debt schedule and past 3 years Federal Tax Returns. If you own 20% or more of any other business; that business is considered to be an affiliate.
- Personal Federal Tax Returns (for last 3 years) on all Borrowers/Guarantors
- Copies of Driver's Licenses and evidence of citizenship/residency for all principals

### Legal Entity Documents:

- Sole Proprietorship: Copy of Fictitious Business Name Statement and Business License
- Corporation: Articles of Incorporation and Bylaws
- Partnerships (General or Limited): Partnership Agreement (with all exhibits)
- Limited Liability Company: Articles of Organization (LLC-1) and Operating Agreement
- Trust: Certification of Trust and copy of pages reflecting the name of the Trust, the names of the Trustees and their powers and the executed signature page.

### Miscellaneous (as applicable):

- Executed Copy of Purchase Agreement and Escrow Instructions for purchase (if applicable).
- Copy of Preliminary Title Report (for purchase only). If available.
- Proof of Capital Injection (if applicable)
- Certificate of Trust (if applicable)
- Business Plan (for new business only)
- Copy of Current lease or proposed lease on Facility to be occupied
- Copy of Contract/Bid for work to be completed by Contractor; Construction Budget/Plans and Specifications

**U.S. SMALL BUSINESS ADMINISTRATION LOAN REQUEST FORM**

**APPLICANT COMPANY**

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_

Type of Entity: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Number of Employees: Existing \_\_\_\_\_ After this Loan \_\_\_\_\_

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Bank Address \_\_\_\_\_ Phone \_\_\_\_\_

Accountant Name \_\_\_\_\_ Phone \_\_\_\_\_

Attorney Name \_\_\_\_\_ Phone \_\_\_\_\_

Trade Reference \_\_\_\_\_ Phone \_\_\_\_\_

**OWNERSHIP OF APPLICANT COMPANY** List all officers, directors, partners, owners & co-owners, and all stockholders with 20% or more of total stock issued.

NAME	TITLE	% OF OWNERSHIP	ANNUAL COMPENSATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AFFILIATES** List **all** business concerns in which the applicant company or **any** of the individuals listed in the ownership section above have any ownership.

COMPANY NAME	OWNERS (APPLICANT COMPANY OR INDIVIDUALS)	% OF OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ESTIMATED PROJECT COSTS**

Land Acquisition \$ \_\_\_\_\_

New Buildings Construction \$ \_\_\_\_\_

Land and Building Acquisition \$ \_\_\_\_\_

Building Improvements or Repairs \$ \_\_\_\_\_

Acquisition of Machinery/Equipment \$ \_\_\_\_\_

Inventory Purchase \$ \_\_\_\_\_

Working Capital (including Accounts Payable) \$ \_\_\_\_\_

Acquisition of all or part of existing business \$ \_\_\_\_\_

Payoff Bank Loan (non-SBA associated) \$ \_\_\_\_\_

Other Debt payment (non-SBA associated) \$ \_\_\_\_\_

Closing Costs for SBA loan \$ \_\_\_\_\_

**TOTAL ESTIMATED PROJECT AMOUNT** = \$ \_\_\_\_\_

**MINUS OWN FUNDS TO BE USED IN PROJECT** - \$ \_\_\_\_\_

**SELLER CARRY BACK AMOUNT:** - \$ \_\_\_\_\_

TOTAL ESTIMATED LOAN REQUEST FOR PROJECT = \$ \_\_\_\_\_

Vesting of Real Estate to be purchased: \_\_\_\_\_

**HISTORY OF BUSINESS**

(Use Separate Attachments to Answer Questions If Necessary)

**NATURE OF BUSINESS**

---

---

---

**TYPES OF PRODUCTS/SERVICES**

---

---

---

**CUSTOMER PROFILE**

---

---

---

**LIST KEY CUSTOMERS**

---

---

---

**LIST MAJOR COMPETITORS**

---

---

---

**MAJOR PAST ACCOMPLISHMENTS**

---

---

---

**FUTURE PLANS FOR GROWTH/EXPANSION**

---

---

---

**HOW WILL THIS LOAN BENEFIT YOUR COMPANY?**

---

---

---

**WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTUNITIES?** \_\_\_\_\_

**IF SO , STATE HOW** \_\_\_\_\_

---

## MANAGEMENT RESUME

Please fill in all spaces, use full first, middle and maiden names-no initials. If an item is not applicable, please indicate so. You may include additional relevant information on a separate exhibit. Sign and date as indicated.

Name \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last

ID#/Lic# \_\_\_\_\_ ID Issue Date/State \_\_\_\_\_ ID Expiration \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Res. Phone ( ) \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City State Zip

Previous Address \_\_\_\_\_  
Street City State Zip

Lived there from \_\_\_\_\_ to \_\_\_\_\_  
Month and Year Month and year

Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Maiden Last

Are you employed by the U.S. Government? Yes  No  If yes, give agency/position \_\_\_\_\_

Are you a U.S. Citizen? Yes  No

If no, give Alien Registration number \_\_\_\_\_ and attach copy of Resident Alien Card

Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving a motor vehicle violation?  
Yes  No  If yes, furnish details in a separate exhibit.

Are you presently under indictment, on parole, or probation? Yes  No

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation; including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? Yes  No

Are any assets held in a Family Trust? Yes  No

Have you received SBA financing in the past? Yes  No

### EDUCATION

College or Technical Training, Name and Location	Dates Attended From/To	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____

### MILITARY SERVICE BACKGROUND

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Honorable Discharge? \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Major assignment/accomplishment \_\_\_\_\_

### WORK EXPERIENCE (List chronologically, beginning with present employment)

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## PERSONAL FINANCIAL STATEMENT

**U.S. SMALL BUSINESS ADMINISTRATION**

As of \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more or voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	LIABILITIES
(Omit Cents)	(Omit Cents)
Cash on hands & in Banks . . . . . \$ _____	Accounts Payable . . . . . \$ _____
Savings Accounts . . . . . \$ _____	Notes Payable to Banks and Others . . . \$ _____
IRA or Other Retirement Account . . . . . \$ _____	(Describe in Section 2)
Accounts & Notes Receivable . . . . . \$ _____	Installment Account (Auto) . . . . . \$ _____
Life Insurance-Cash Surrender Value Only (Complete Section 8) . . . . . \$ _____	Mo. Payments \$ _____
Stocks and Bonds . . . . . \$ _____	Installment Account (other) . . . . . \$ _____
(Describe in Section 3)	Mo. Payments \$ _____
Real Estate . . . . . \$ _____	Loan on Life Insurance . . . . . \$ _____
(Describe in Section 4)	Mortgages on Real Estate . . . . . \$ _____
Automobile-Present Value . . . . . \$ _____	(Describe in Section 4)
Other Personal Property . . . . . \$ _____	Unpaid Taxes . . . . . \$ _____
(Describe in Section 5)	(Describe in Section 6)
Other Assets . . . . . \$ _____	Other Liabilities . . . . . \$ _____
(Describe in Section 5)	(Describe in Section 7)
<b>Total</b> . . . . . \$ _____	Total Liabilities . . . . . \$ _____
	Net Worth . . . . . \$ _____
	<b>Total</b> . . . . . \$ _____

Section 1. Source of Income	Contingent Liabilities
Salary . . . . . \$ _____	As Endorser or Co-Maker . . . . . \$ _____
Net Investment Income . . . . . \$ _____	Legal Claims & Judgments . . . . . \$ _____
Real Estate Income . . . . . \$ _____	Provision for Federal Income Tax . . . \$ _____
Other Income (Describe below)* . . . . . \$ _____	Other Special Debt . . . . . \$ _____

Description of Other Income in Section 1.

---



---



---

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2. Notes Payable to Banks and Others.** (Use attachments if necessary. Each attachment must be identified as a part of This statement and signed).

Name and Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

**Section 7. Other Liabilities.** (Describe in detail).

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this Estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Office, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503.

# BUSINESS DEBT SCHEDULE

COMPANY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

(Same as Interim Balance Sheet)

This schedule should include loans/notes payable and financing contracts (not accounts payable) included on the Interim Balance Sheet.

CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	MATURITY DATE	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	COLLATERAL OR SECURITY	PURPOSE OF LOAN
<b>Totals</b>				\$ -		\$ -		

\* Present Balance figures must agree with those shown on the Interim Balance Sheet.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_







2476 Lake Ave Altadena, Ca. 91001

Phone: 626.296.7777

Fax: 626.296.7771

[www.albcommercialcapital.com](http://www.albcommercialcapital.com)

## APPLICANT’S AUTHORIZATION TO RELEASE INFORMATION

Please be advised that I/We have applied for a mortgage loan through ALB Commercial Capital (ALB). As part of the application and loan process, ALB may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

I/We authorize ALB Commercial Capital to request and obtain any information and documentation required by ALB, and/or its prospective affiliates, investors, participants, buyers, agencies, and other representatives to complete the processing of the loan request. Necessary credit information may include but is not limited to, employment history and income; bank, money market and similar account balances; credit balances, payments and history; copies of income tax returns; and subordination agreements/requirements.

A photographic or carbon copy of this authorization bearing a photographic or carbon copy of the signature(s) of the undersigned will be deemed as acceptable authorization for release of any of the above information or documentation requested by ALB.

**This form must be signed and returned in order to continue the processing of your loan.**

Requested By: ALB Commercial Capital  
2476 Lake Ave  
Altadena, CA. 91001

PLEASE COMPLETE THE FOLLOWING: **(PLEASE PRINT CLEARLY)**

Applicant Name Print Here: \_\_\_\_\_

Co-Applicant Name Print Here: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Present residence address- (Include Zip Code)

\_\_\_\_\_  
\_\_\_\_\_  
Present residence address- (Include Zip Code)

Applicant Sign Here: \_\_\_\_\_

Applicant Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**SCHEDULE OF REAL ESTATE OWNED**

Borrower:

Proposed status changes in the near future (sale, exchange, rental composition, etc.) should be described in remarks section. If percentage of ownership in any property is less than 100%, indicate other owners and their % in remarks section.										Cash Flow				Ownership Entity
Property Address	Status OO PS R	Property Type	% of Owner	Acq. Date	Cost	Market Value	Mortgage Liens	Name of Mortgage Lender	Loan Number	Monthly Rents	Monthly Mtg. Pmt.	Taxes, Ins, Maint	Net Rental Income	
				Date:		-	1st -			\$ -	\$ -	\$ -	\$ -	
				Cost:		-	2nc -			\$ -	\$ -	\$ -	\$ -	
Ownership % Total						-	0			-	-	-	-	
				Date:		-	1st -			\$ -	\$ -	\$ -	\$ -	
				Cost:		-	2nc -			\$ -	\$ -	\$ -	\$ -	
Ownership % Total						-	0			-	-	-	-	
				Date:		-	1st -			\$ -	\$ -	\$ -	\$ -	
				Cost:		-	2nc -			\$ -	\$ -	\$ -	\$ -	
Ownership % Total						-	0			-	-	-	-	
				Date:		-	1st -			\$ -	\$ -	\$ -	\$ -	
				Cost:		-	2nc -			\$ -	\$ -	\$ -	\$ -	
Ownership % Total						-	0			-	-	-	-	
				Date:		-	1st -			\$ -	\$ -	\$ -	\$ -	
				Cost:		-	2nc -			\$ -	\$ -	\$ -	\$ -	
Ownership % Total						-	0			-	-	-	-	
				Date:		-	1st -			\$ -	\$ -	\$ -	\$ -	
				Cost:		-	2nc -			\$ -	\$ -	\$ -	\$ -	
Ownership % Total						-	0			-	-	-	-	
				Date:		-	1st -			\$ -	\$ -	\$ -	\$ -	
				Cost:		-	2nc -			\$ -	\$ -	\$ -	\$ -	
Ownership % Total						-	0			-	-	-	-	
				Date:		-	1st -			\$ -	\$ -	\$ -	\$ -	
				Cost:		-	2nc -			\$ -	\$ -	\$ -	\$ -	
Ownership % Total						-	0			-	-	-	-	
				Date:		-	1st -			\$ -	\$ -	\$ -	\$ -	
				Cost:		-	2nc -			\$ -	\$ -	\$ -	\$ -	
Ownership % Total						-	0			-	-	-	-	
				Date:		-	1st -			\$ -	\$ -	\$ -	\$ -	
				Cost:		-	2nc -			\$ -	\$ -	\$ -	\$ -	
Ownership % Total						-	0			-	-	-	-	
<b>TOTALS:</b>						-	-			-	-	-	\$ -	

**THIS SCHEDULE IS TO BE ATTACHED TO AND MADE A PART OF MY LOAN APPLICATION.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

# Request for Transcript of Tax Return

Department of the Treasury  
Internal Revenue Service

- ▶ Do not sign this form unless all applicable parts have been completed.  
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required part was blank at the time of signature.

**TIP:** Use new Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return  : : : :
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**CAUTION:** Lines 6 and 7 must be completed if the third party requires you to complete Form 4506-T. Do not sign Form 4506-T if the third party requests that you sign Form 4506-T and lines 6 and 7 are blank.

- 6 Product requested.** Most requests will be processed within 10 business days. If the product requested relates to information from a return filed more than 4 years ago, it may take up to 30 days. Enter the return number here and check the box below. ▶ \_\_\_\_\_
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are generally available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years . . . . .
  - b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns . . . . .
  - c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years . . . . .
  - d Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year . . . . .
  - e Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213 . . . . .

**CAUTION:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**7 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## A Change To Note

• **New Form 4506-T**, Request for Transcript of Tax Return, is used to request tax return transcripts, tax account transcripts, W-2 information, 1099 information, verification of non-filing, and a record of account. **Form 4506**, Request for Copy of Tax Return, is now used only to request copies of tax returns.

## Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series) and one for all other transcripts.

**Note:** *If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.*

### Chart for individual transcripts (Form 1040 series)

If you lived in and filed an individual return:	Mail or fax to the Internal Revenue Service at:
Maine, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810  978-691-6859
Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, West Virginia, Rhode Island	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341  678-530-5326
Arkansas, Colorado, Kentucky, Louisiana, New Mexico, Oklahoma, Tennessee, Texas	RAIVS Team 3651 South Interregional Hwy. Stop 6716 Austin, TX 78741  512-460-2272
Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888  559-253-4992
Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	RAIVS Team Stop B41-6700 Kansas City, MO 64999  816-823-7667
Ohio, Virginia	RAIVS Team 5333 Getwell Rd. Stop 2826 Memphis, TN 38118  901-546-4175

Connecticut, District of Columbia, Maryland, New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP SE 135 Philadelphia, PA 19255-0695  215-516-2931
---	--

### Chart for all other transcripts

If you lived in:	Mail to the Internal Revenue Service at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team Mail Stop 6734 Ogden, UT 84201  801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800F Cincinnati, OH 45250  859-669-3592

**Line 1b.** Enter your employer identification number if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 11 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the form to this address. Instead, see **Where to file** on this page.