



QUADRANT FINANCIAL®
MORE SOURCES. MORE SOLUTIONS.®

Commercial Loan Application

Please note: **Each** additional Principal of the Borrowing Entity owning a 20% or greater portion of the Company should complete a separate Personal Financial Exhibits Package which is available from your Business Development Officer.

Questions?

Please contact your business development officer

www.quadrant-financial.com
1-877-893-QUAD (7823)

This checklist has been provided to assist you in gathering the necessary information for the **credit evaluation** of your loan request. Please note that all items must contain an original signature and date. **Complete** information will be necessary to process your application. If you have any questions about the forms or require assistance in completing them, please contact your Business Development Officer.

Quadrant Financial Forms Packet (required from all applicants):

- 1. **Loan Application Form**
- 2. **History of Business Form**
- 3. **Business Debt Schedule**
- 4. **Personal Financial Statement** Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest & each general partner, or (3) each stockholder owning 20% or more voting stock & each corporate officer and director, or (4) other person or entity providing a guaranty on the loan. *(Please include the resources of spouse and any dependent children.)*
- 5. **Statement of Personal History – SBA Form 912** Complete this form for all principals owning 20% or more interest in the borrowing entity and key managers, directors and/or officers.
- 6. **Management Resume** (form enclosed) Provide complete resumes on all individuals owning 20% or more interest in the borrowing entity including key managers (copy form as needed).
- 7. **Signed Authorization to Release Information** Signed by all principals having 20% or more ownership interest in borrowing entity.
- 8. **IRS Form 4506- T – “Request for Copy or Transcript of Tax Returns”** – executed form required for operating business. *(Form included at the end of this application packet.)*

Business & Personal Financial Exhibits (required from all applicants):

- 1. **Business Financial Statements for three (3) prior years**, including Balance Sheets and Profit & Loss Statements, for existing business & any affiliates. (An affiliate is primarily defined as any entity that is controlled by the applicant, its' stockholders, managers or directors or has control of the applicant business either through common ownership, management, previous relationships with or ties to another concern, and contractual relationships.)
- 2. **Federal Tax Returns for three (3) prior years** including all statements and schedules for existing business & any affiliates.
- 3. **Interim Profit & Loss, and Balance Sheet-** Within 45 days old for business being: 1) acquired, 2) existing/expanded, and 3) affiliates. *Also please include a comparable interim statement from the prior year.*
- 4. **Aging of Accounts Receivable and Accounts Payable Summary** (corresponding to dates of interim financial statements) - Please attach current internally generated A/R and A/P aging. (Include for affiliate business as well.)
- 5. **Personal Federal Tax Returns for three (3) prior years** including all statements and schedules - for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest & each general partner, or (3) each stockholder owning 20% or more voting stock & each corporate officer and director, or (4) other person or entity providing a guaranty on the loan.
- 6. **Written Explanation of any derogatory credit items.** – If you know of any derogatory items that may appear on your personal credit report, please include a written explanation along with any supporting documentation.

PRELIMINARY CLOSING/PACKAGING CHECKLIST

If your loan request involves commercial real estate you will also need to provide:

- 1. **Purchase Contract/Buy-Sell Agreement**
- 2. **Environmental Questionnaire (*Form included*)** – consult with your Business Development Officer.
- 3. **If your project involves new construction** – Provide copy of the construction contract (a draft is acceptable) and a copy of the plans & specifications for the proposed project. If your project is in the early stages of development, please provide a preliminary cost analysis.
- 4. **If your project involves refinancing** – Provide a copy of the notes and deeds on the real estate to be refinanced.

If your loan request involves a business acquisition you will also need to provide:

- 1. A copy of the proposed **Purchase & Sale Agreement or Letter of Intent** – complete with allocation of monies, signatures, exhibits, and addendums
- 2. **Federal Tax Returns on Seller's Business for three (3) prior years** including all statements and schedules for existing business & any affiliates.
- 3. **Business Financial Statements on Seller's Business** – complete Balance sheets and Profit & Loss statement of business to be acquired for the most recent last three fiscal years.
- 4. **Interim Profit & Loss, and Balance Sheet-** complete Balance sheets and Profit & Loss statement of business to be acquired, current within 45 days.
- 5. **IRS Form 4506- T – “Request for Copy or Transcript of Tax Returns” (*Form included*)** prepared for selling business and signed by seller.

If your loan request involves hotel/hospitality you will also need to provide:

- 1. **Smith Travel Research Report (aka STAR Report)** – with details about the hotel's occupancy rates, average daily rates, REVPAR, etc.; current within 60 days. Must include data on subject hotel as well as competitors.
- 2. **Quality Assurance Report (QAR) from Franchisor** – please provide most recent QAR on subject location including condition report on interior and exterior.

Depending on the specifics of your loan request, you may also need to provide:

- 1. **If your request involves a franchised business: Copy of Proposed Franchise Agreement or Letter of Approval from Franchisor**
- 2. **If your request involves a franchised business: Franchise Disclosure Document** (formerly UFOC) - provide a copy of the most current version of these documents.
- 3. **If your request involves equipment financing: Purchase Orders, Invoices or Quotes** – with specific details about the equipment
- 4. **If your business is newly formed or expanding or your request is projection-based: 3 years of Business Projections** (form available from your Business Development Officer, if needed) Include a description of management, feasibility analysis, assumptions, site evaluation, and demographics. Note that the first year of projections must be monthly.
- 5. **If your request involves a gas station: Gallonage reports for the last 3 years**
- 6. **Business Plan** (for new businesses or as requested)
- 7. **Lease(s)** – complete copies of all existing or proposed leases.

APPLICANT COMPANY:

Legal Business Name: _____

dba name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact: _____ Email: _____

Phone: _____ Fax: _____ Cell: _____

Type of Entity: Sole Proprietorship General Partnership
 Limited Partnership Corporation (Please specify: S Corp, C Corp, LLC)

Date Established: _____ Date Incorporated: _____ State of Incorporation: _____

of Employees: Existing: _____ After this financing: _____ Affiliates: _____

Employer Tax I.D.: _____ Website: _____

Name & Address of Current Bank: _____

Name of Franchise (if applicable) _____

PROPOSED PROPERTY (IF DIFFERENT FROM CURRENT BUSINESS ADDRESS):

Address: _____

City: _____ State: _____ Zip: _____

OWNERSHIP INTEREST - List below THE PROPRIETOR, owners, partners, OFFICERS and ALL stockholders IN THE BUSINESS. 100% OWNERSHIP MUST BE SHOWN

Name	Title	SSN	Ownership %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFILIATES - List below all business concerns in which the Applicant Company or any of the individuals listed in the Ownership section above have any ownership. (If additional affiliates, please attach on separate sheet)

Co. Name: _____	Co. Name: _____
Individual Name: _____	Individual Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Percent of Ownership: _____	Percent of Ownership: _____

INSURANCE INFORMATION

Hazard/Property Insurance

Company: _____ Contact: _____ Phone: _____

Life Insurance: Does the company maintain Life Insurance on any owner or officer? If yes, provide details below.

Insured: _____ Beneficiary: _____ Amount: \$ _____
 Insured: _____ Beneficiary: _____ Amount: \$ _____

ADDITIONAL INFORMATION (For any affirmative response please attach an explanation)

1. Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? Yes No
2. Are you or your business involved in any pending lawsuits? Yes No
3. Does any applicant or their spouse or any member of their household, or any one who owns, manages or directs your business or their spouses or members of their households, work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, any Federal Agency, or the participating lender? Yes No
4. Does your business presently, or will it as a result of this loan, engage in export trade? Yes No
5. Does the company or any owner own title to a patented, trademarked, or copyrighted product? Yes No
6. Do you currently have or have you ever applied or received any previous or existing SBA or other Federal Government Debt? If Yes, please provide details: Yes No

ESTIMATED PROJECT COSTS

Land Purchase	\$ _____
Real Estate Purchase/New Building Construction	\$ _____
Construction Contingency/Overruns	\$ _____
Leasehold Improvements/Repairs	\$ _____
Interim Interest	\$ _____
Equipment Purchase	\$ _____
Working Capital (including Accounts Payable & Inventory)	\$ _____
Business Acquisition	\$ _____
Refinance Debt	\$ _____
Estimated Closing Costs and Third Party Reports:	
Survey Fee (estimated)	\$ _____
Title Insurance (estimated)	\$ _____
Appraisal Fee (estimated)	\$ _____
Legal Fees (estimated)	\$ _____
Other: _____	\$ _____
Conventional/Interim Loan Fee	\$ _____
SBA Guarantee Fee	\$ _____
Other: _____	\$ _____
TOTAL ESTIMATED PROJECT AMOUNT	\$ _____
LESS OWN CASH/EQUITY TO BE INJECTED	\$ _____
TOTAL LOAN REQUESTED FOR PROJECT	\$ _____

Background & History of principals and company:

**Describe the products/services you offer and what they do for the customer.
Please provide any company brochures or literature you have.**

What geographic/demographic areas do you service? Who are your customers and where are they located, how big is the market and what is your current and desired future market share?

Does any customer represent greater than 15% of your sales? YES NO

If "Yes", please provide detail about the customer including general information (sales volume, public/private, years in business, etc.) and how long you have been servicing this customer.

Who are your primary competitors?

<i>Competitor</i>	<i>Location</i>	<i>Your Competitive Advantage</i>

How do you market your product/services? (include information about distribution channels, suppliers *including concentrations, seasonal swings, etc.*)

Describe your vision for the company over the next 2-3 years... 8-10 years? (i.e. growth plans, changes in customer base, future capital expenditures, current capacity vs. future, management structure. Please also describe your management succession plan should you or a key member of your management die, become disabled and/or unable to work.)

Applicant's Signature _____

Date: _____



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)

SBA District/Disaster Area Office

Amount Applied for (when applicable)

File No. (if known)

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company

Social Security No.

First Middle Last

3. Date of Birth (Month, day, and year)

4. Place of Birth: (City & State or Foreign Country)

Name and Address of participating lender or surety co. (when applicable and known)

5. U.S. Citizen? YES NO

INITIALS: _____

If No, are you a Lawful

Permanent resident alien: YES NO

If non- U.S. citizen provide alien registration number: _____

6. Present residence address:

From:
To:
Address:

Home Telephone No. (Include Area Code):
Business Telephone No. (Include Area Code):

Most recent prior address (omit if over 10 years ago):

From:
To:
Address:

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? **INITIALS:** _____
 Yes No (If yes, indicate date parole or probation is to expire.)

8. Have you ever been charged with, and/or arrested for, any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet.)
 Yes No **INITIALS:** _____

9. 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 **INITIALS:** _____

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES FOR FALSE STATEMENTS: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature

Title

Date

Agency Use Only

11. Fingerprints Waived _____
Date Approving Authority
 Fingerprints Required _____
Date Approving Authority
Date Sent to OIG _____

12. Cleared for Processing _____
Date Approving Authority

13. Request a Character Evaluation _____
Date Approving Authority

(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When the information collected on this form indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 74 Fed. Reg. 14890 (2009) for other published routine uses.

Your Name:

First	Middle/Maiden	Last
Social Security Number	Date of Birth	Place of Birth

U.S. Citizenship Status:

Yes No If no, Alien Registration #: _____

Present Home Address:

From: _____ To: _____

Immediate Past Address:

From: _____ To: _____

Residence Phone #:

_____ Business Phone #: _____

Spouse's Name:

First	Middle/Maiden	Last
Social Security Number	Date of Birth	Place of Birth

**Employment History
(last 10 years):**

to Employer: _____ Location _____
Duties: _____

to Employer: _____ Location _____
Duties: _____

to Employer: _____ Location _____
Duties: _____

to Employer: _____ Location _____
Duties: _____

**Your Formal Education
Consists Of:**

High School: _____ Years: _____
College: _____ Degree: _____ Years: _____
Military History: Veteran: Branch: _____ Served: _____ to _____

Are you or any other owner responsible for alimony or child support payments? Yes No

If yes, please include owner's name, annual amount, and anticipated expiration:

I am aware that this information is used to determine my eligibility for a loan, and that, if my application is approved, you may contact these sources to update this information at any time.

Signature: _____ Date _____
Applicant



PERSONAL FINANCIAL STATEMENT

OMB APPROVAL NO. 3245-0188
EXPIRATION DATE: 08/31/2011

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 of voting stock, or (4) any person or 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 hand & 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	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
Total	\$ _____	Net Worth	\$ _____
		Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser of 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 Noteholder(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 attachment 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 of Purchase					
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 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 of any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.					



AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I/We hereby authorize Quadrant Financial, Inc. to obtain any and all information they may require at any time for any purpose related to my/our credit transaction with Quadrant Financial, Inc. or any of its affiliated lenders, including obtaining my/our personal credit history from a consumer reporting agency, and I/we authorize the release of all such information to Quadrant Financial, Inc. or any of its affiliated lenders. I/We further authorize Quadrant Financial, Inc. to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of Quadrant Financial, Inc. or any of its affiliated lenders.

Applicant #1

Signature

Print Full Legal Name

Social Security Number

Street Address

City, State & Zip Code

Applicant #1 Date of Birth

Applicant #2

Signature

Print Full Legal Name

Social Security Number

Street Address

City, State & Zip Code

Applicant #2 Date of Birth

Notice to applicants: If your application for business credit is denied, you have the right to a written statement of the specific reason for denial. To obtain a statement, please contact *Quadrant Financial, Inc., P.O. Box 11197, Savannah, GA 31412* within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is: FDIC Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, Missouri 64108

Any further inquiries or questions regarding this Authorization should be directed to:

Quadrant Financial, Inc.
P.O. Box 11197
Savannah, GA 31412

Request for Transcript of Tax Return

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



OMB No. 1545-1872

Tip: Use 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 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: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only 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. Most requests will be processed within 10 business days

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. Most requests will be processed within 30 calendar days

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. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days

8 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 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

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.

9 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. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

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.

Sign Here	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		

General 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.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax 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, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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 2800 F Cincinnati, OH 45250
	801-620-6922
	859-669-3592

Line 1b. Enter your employer identification number (EIN) 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.

Line 6. Enter only one tax form number per request.

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 9.

All others. See Internal Revenue Code 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 other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies 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**, 12 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 Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.