

# Kansas Association of Certified Development Companies Business Loan Application

This checklist has been provided to assist you through the process of gathering the necessary information for the *initial evaluation* of your loan request. *Complete* information will be necessary to process your application. Forms are provided for items 1-14:

- 1. Applicant Information
- 2. Financial References
- 3. History and Description of Business
- 4. Signed Authorization to Release Information and Indemnification Agreement
- 5. Signed CDC Client Survey
- 6. Schedule of Collateral
- 7. One Year Projection of Profit & Loss by Month including rate of growth for years 2 & 3  
(Attach assumption) Explanations provided on form
- 8. Three Year Annual Projection (Attach assumptions)
- 9. List of Obligations. This schedule must be dated the same as Interim Business Financial Statement (#15 below) and reflect complete information for all outstanding liabilities as shown on the Interim Business Statement.
- 10. Management Resume Provide complete resumes on all individuals referred to in #3 above
- 11. Personal Income and Expense Analysis
- 12. Personal Financial Statement. Complete on all owners, partners, officers, directors, key employees, guarantors and stockholders with 20% or more total stock --- statement(s) not over 60 days old
- 13. Environmental Questionnaire
- 14. IRS Form 4506, signed by seller if purchasing an operating business and/or by present owner/officer if an ongoing operation. If this is a new business, do not fill out.

IN ADDITION, PROVIDE THE FOLLOWING FOR APPLICANT BUSINESS AND ALL AFFILIATES:

- 15. *Business Financial Statements and Complete Tax Returns with ALL Schedules.* Income statements, balance sheets and tax returns for three (3) prior year end periods.
- 16. *Interim Business Financial Statement.* Income statement & balance sheet dated no later than 60 days.
- 17. *Personal Tax Returns.* Complete federal tax returns for the past three (3) years on each individual referred to in #3 above.

OTHER (only if applicable):

- 18. *Copy of Proposed Purchase Agreement*
- 19. *Copy of Existing or Proposed Franchise Agreement and FTC Disclosure Statement*
- 20. *Copy of Existing or Proposed Lease Agreement*
- 21. *Copy of Partnership Agreement*
- 22. *Copy of Articles of Incorporation and Bylaws and Minutes of first meeting in which officers are named*
- 23. *Copy of Appraisals and Environmental Report*
- 24. *Copy of Contractor Bids*
- 25. *Copy of Real Estate Contract*
- 26. *Disclosure of any previous government financing, including student loans and residential mortgages*

**FOR MORE INFORMATION CONTACT YOUR CERTIFIED DEVELOPMENT COMPANY**

## Applicant Information

### APPLICANT COMPANY

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date Established \_\_\_\_\_ Name of Franchise (if Applicable) \_\_\_\_\_  
Federal Tax ID Number \_\_\_\_\_ Business Email/Website: \_\_\_\_\_  
How were you referred to this Certified Development Company? \_\_\_\_\_

Type of Entity:       Corporation "S" or "C"  
                           Sole Proprietorship (d/b/a)  
                           General Partnership  
                           Limited Partnership  
                           LLC (# of members): \_\_\_\_\_

### OWNERSHIP OF APPLICANT COMPANY

List below all owners, partners, and stockholders with 20% or more ownership interest.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security #/Tax ID# \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security #/Tax ID# \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security #/Tax ID# \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security #/Tax ID# \_\_\_\_\_

(If additional owners, please attach on a separate sheet)

### 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.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security #/Tax ID# \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_  
Social Security #/Tax ID# \_\_\_\_\_

(If additional affiliates, please attach on a separate sheet)

## Financial References

**Business References:** Individuals who are aware of your business and the services you/it can provide.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Relationship \_\_\_\_\_

**Personal References:** Anyone who has known you for several years that is not a relative.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Relationship \_\_\_\_\_

**Additional Personal References:** Two family members not living in your household.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Relationship \_\_\_\_\_

**Professional Assistance:**

**Attorney's Name** \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Telephone \_\_\_\_\_

**Accountant's Name** \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Telephone \_\_\_\_\_

**Insurance Company** \_\_\_\_\_  
 Agent's Name \_\_\_\_\_  
 Telephone \_\_\_\_\_

### Estimated Project Costs

Land Acquisition	\$ _____
New Building Construction	\$ _____
Construction Contingency/Overruns	\$ _____
Existing Land and Building	\$ _____
Building Improvements/Repairs	\$ _____
Acquisition of Machinery/Equipment	\$ _____
Acquisition of Furniture/Fixtures	\$ _____
Inventory Purchase	\$ _____
Working Capital (including Accounts Payable)	\$ _____
Acquisition of all or part of Existing Business	\$ _____
Payoff Bank Loan, if eligible	\$ _____
Other Debt Payment	\$ _____
<b>TOTAL ESTIMATED PROJECT AMOUNT</b>	<b>\$ _____</b>
<b>LESS OWN CASH/EQUITY TO BE INJECTED</b>	<b>\$ _____</b>
<b>TOTAL LOAN REQUESTED FOR PROJECT</b>	<b>\$ _____</b>
Sources of Equity:	
Cash from personal resources	\$ _____
Cash from business	\$ _____
Other Sources of Equity:	
_____	\$ _____
_____	\$ _____

## **History and Description of Business**

### **1. Company History**

What is your company's name and where is the company located?

Is the project location different from your company's location?

What is your company's Federal I.D. Number?

What is your company's fiscal year?

Is your business an Existing Business or a New Business?

Is the project a relocation of your business?

When did you buy or start this business?

What is the business structure of your company?

Why did you create or acquire your company?

Explain how the company has evolved (or will evolve) under your leadership.

How has the company changed recently?

What is the purpose of this project?

This loan is to help pay the following:

How does it affect your company?

If you have previous SBA financing, what is the present loan balance and guarantee (%) to the bank?

## **2. Product Line**

Type of products sold or services provided?

## **3. Operation**

Key people involved in the operation of the company and their responsibilities?

Detail on how the products and services are provided?

If the company is a franchise, how does the franchise impact the operations?

How often are the financials prepared and by whom? Who reviews the financials?

Are the products and key people insured?

Are you required to have Worker's Compensation Insurance?

Do you have the need for bonding?

#### **4. Markets**

What markets are accessed?

What is the forecast for the market?

Type of marketing programs used includes:

Sales levels and market share (Cross reference with cash flow explanations and projections.)

## **5. Competition**

Who are the main competitors? How do you deal with the competitors?

What sets your company apart from the competition?

## **6. Employment**

## **7. Professional Associations**

What associations do you and/or your company belong to?

Are there any conferences or trade shows you attend or participate in?

Are there any trade publications you subscribe to?

## AUTHORIZATION TO RELEASE INFORMATION

I/we hereby authorize the Certified Development Company (CDC) or any of its affiliates to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our credit worthiness for any purpose related to our credit transaction with them. I/we hereby certify that the enclosed application information including attachments/exhibits are valid and correct to the best of my/our knowledge.

I/we hereby authorize the CDC to furnish relevant information to all necessary sources including various federal, state, county, and conventional funding opportunities to obtain the best sources for the project. I/we hereby authorize the CDC to furnish relevant information to CDC's Loan Review Committee(s) for decision; and, to furnish relevant information to the CDC's Board of Directors and various federal, state, and county agencies, officials and economic development representatives for CDC's reporting requirements regarding area economic development.

I/we authorize any company, partnership, corporation, organization or entity of whatever kind to provide the CDC with any credit, financial or personal information held by such entity and requested by the CDC.

I/we further agree that I shall indemnify and hold the CDC harmless from any claim or cause of action arising because of incorrect, inaccurate or incomplete information furnished by me, whether the furnishing of such incorrect, inaccurate or incomplete information was accidental or intentional and in consideration of the CDC's assistance, I waive all claims against the CDC, its personnel or counselors arising from this assistance.

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

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

## INDEMNIFICATION AGREEMENT

Borrower, \_\_\_\_\_, and its principals as individuals \_\_\_\_\_, agree to indemnify and hold harmless, The Certified Development Company, (CDC), its agents and assigns from and against, any damages, cost, liability or expense attributable to release, threatened release, discharge, manufacture, production, storage or disposal or the presence of hazardous toxic substances, on or under borrower's property or property in which borrower has an interest including adjoining real property and based upon claims asertible by local, state, and federal governmental authority or other third parties against CDC or its assigns.

This indemnification will specifically survive, and is entirely independent of the debtor's contractual obligation to repay the primary obligation held by CDC as amended, extended, or renewed by CDC, prepayment in full of the borrower's indebtedness to CDC; and release of CDC liens on borrower's real or personal property by payment, foreclosure, or other action including CDC's discretionary abandonment of lien.

\_\_\_\_\_  
BORROWER DATE

\_\_\_\_\_  
AS AN INDIVIDUAL DATE

\_\_\_\_\_  
AS AN INDIVIDUAL DATE

\_\_\_\_\_  
AS AN INDIVIDUAL DATE

## CDC Client Survey

*As a recipient of state funding through the Kansas Department of Commerce, Certified Development Companies must provide documentation relating to job creation/retention. Read each item and circle the appropriate answer. If your answer is YES, provide a written response to document your answer. Thank you for your complete and accurate response to this survey.*

YES NO Is your product or service principally (51% or more) sold outside of Kansas?  
If YES, explain : \_\_\_\_\_  
\_\_\_\_\_

YES NO Does your product or service replace other products that would normally be imported into Kansas?  
If YES, explain : \_\_\_\_\_  
\_\_\_\_\_

YES NO Do you produce a product (raw materials, ingredients, or components) for other Kansas firms that are exporting the majority (51% or more) of their product beyond the boundaries of Kansas?  
If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

YES NO Is your business a regional distribution center which is used principally (51% or more) for inter-state commerce?  
If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

YES NO Is your business a corporate multi-state headquarters used for the supervision of business activities which occur primarily (51% or more) outside the boundaries of Kansas?  
If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

YES NO Will you create 2 or more new jobs during the next two years as a direct result of this loan?  
If YES, describe the positions: (Number and type of jobs) \_\_\_\_\_  
\_\_\_\_\_

YES NO Will you retain 2 or more jobs over the next two years as a direct result of this loan?  
(Retained jobs are existing jobs that will be saved with the loan that would otherwise be lost)  
If YES, explain why the jobs would be lost without funding: (Number and type of jobs) \_\_\_\_\_  
\_\_\_\_\_

<b>CURRENT EMPLOYMENT</b>	_____ FT Jobs	_____ PT Jobs
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Business Name: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Schedule of Collateral

Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**LIST OF ALL COLLATERAL TO BE USED AS SECURITY FOR THIS LOAN**  
**SECTION 1 - REAL ESTATE**

Attach a copy of the deed (s) containing a full legal description of the land and show the location (street address) and city where the deed(s) is recorded. Following the address below, give a brief description of the improvements, such as size, type of construction, number of stories, and present condition (use additional sheet if more space is required.)

LIST PARCELS OF REAL ESTATE					
Address	Year Acquired	Original Cost	Market Value	Amount of Lien	Name of Lienholder

Description(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**MONTHLY CASH FLOW PROJECTIONS**

Name of Business	Address		Owner												Prepared By	Date		
	Pre-Start-up Position		1	2	3	4	5	6	7	8	9	10	11	12				
Year	Month																	TOTAL
1. CASH ON HAND (1st of month)																		
2. CASH RECEIPTS																		
a. Cash Sales																		
b. Collections from Credit Accounts																		
c. Loan or Other Cash Injection (Specify)																		
3. TOTAL CASH RECEIPTS																		
4. TOTAL CASH AVAILABLE																		
5. CASH PAID OUT																		
a. Purchases (merchandise)																		
b. Administrative wages (exc. Withdrawals)																		
c. Production Wages (exc. Withdrawals)																		
d. Employee Benefits																		
e. Payroll expenses (taxes, etc.)																		
f. Outside services																		
g. Supplies (office & operation)																		
h. Repairs and Maintenance																		
i. Advertising																		
j. Car, delivery & travel																		
k. Accounting & legal																		
l. Rent																		
m. Telephone																		
n. Utilities																		
o. Insurance																		
p. Taxes (real estate, etc.)																		
q. Interest																		
r. Other Expenses (Specify each)																		
1																		
2																		
3																		
s. Miscellaneous																		
t. Subtotal																		
u. Loan Principal Payment																		
v. Capital Purchases (Specify)																		
1																		
2																		
3																		
w. Owner's Withdrawals																		
6. TOTAL CASH PAID OUT (total SA-5V)																		
7. CASH POSITION (End of month) (\$ minus €)																		
ESSENTIAL OPERATING DATA																		
(non-cash flow information)																		
(A) Sales Volume (dollars)																		
(B) Accounts Receivable (end of month)																		
(C) Bad Debt (end of month)																		
(D) Inventory on Hand (end of month)																		
(E) Accounts Payable (end of month)																		
(F) Depreciation																		

## GENERAL GUIDELINES

**Definition:** A cash flow projection is a forecast of cash funds\* a business anticipates receiving, on the one hand, and disbursing, on the other hand, throughout the course of a given span of time, and the anticipated cash position at specific times during the period being projected.

**OBJECTIVE:** The purpose of preparing a cash flow projection is to determine deficiencies or excesses in cash from that necessary to operate the business during the time for which the projection is prepared. If deficiencies are revealed in the cash flow, financial plans must be altered either to provide more cash by, for example, more equity capital, loans, or increased selling prices of products, or to reduce expenditures including inventory, or allow less credit sales until a proper cash flow balance is obtained. If excesses of cash are revealed, it might indicate excessive borrowing or idle money that could be "put to work." The objective is to finally develop a plan which, if followed, will provide a well-managed flow of cash

**THE FORM:** The cash flow projection form provides a systematic method of recording cash receipts and expenditures. The entries listed on the form will not necessarily apply to every business, and some entries may not be included which would be pertinent to specific businesses. It is suggested that the form be adapted to the particular business form which the projection is being made, with appropriate changes in the entries as may be required. Before the cash flow projection can be completed and pricing structure established, it is necessary to know or to estimate various important factors of the business, for example, What are the direct costs of the product or services PER UNIT? What are the monthly or yearly costs of the operation? What is the sales price per unit of the product or service? Determine that the pricing structure provides this business with reasonable break-even goals (including a reasonable net profit) when conservative sales goals are met. What are the available sources of cash, other than income from sales; for example, loan, equity capital, rent or other sources? Following suggestions are offered to simplify the procedure:

- (A) Use even dollar amounts rather than showing cents
- (B) If this is a new business, or an existing business undergoing significant changes or alterations, the cash flow part of the column marked "Pre-start-up Position" should be completed. (Fill in appropriate blanks only.) Costs involved here are, for example, rent, telephone, and utilities deposits before the business is actually open. Other items might be equipment purchases, alterations, the owner's cash injection, and cash from loans received before actual operations begin.
- (C) Next fill in the pre-start-up position of the essential operating data (non-cash flow information), where applicable.
- (D) Complete the form using the suggestions in the partial form below for each entry.

## CHECKING

In order to insure that the figures are properly calculated and balanced, they must be checked. Several methods may be used, but the following four checks are suggested as a minimum:

- CHECK #1:** Item #1 (Beginning Cash on Hand - 1st Month) plus Item #3 (Total Cash receipts - Total Column) minus Item #6 (Total Cash Paid Out - Total Column) should be equal to Item #7 (Cash Position at End of 12th Month).
- CHECK #2:** Item A (Sales Volume - Total Column) plus Item B (Accounts Receivable - Pre-start-up Position) minus Item 2(a) (Cash Sales - Total Column) minus Item 2(b) (Accounts Receivable Collection - Total Column) minus Item C (Bad Debt-Total Column) should be equal to Item B (Accounts Receivable at End of 12th Month).

**CHECK #3:** The horizontal total of Item #6 (Total Cash Paid Out) is equal to the vertical total of all items under Item #5 (5(a) through 5(w)) in the total column at the right of the form.

**CHECK #4:** The horizontal total of Item #3 (Total Cash Receipts) is equal to the vertical total of all items under #2 (2(a) through 2(c)) in the total column at the right of the form.

**ANALYZE** the correlation between income and expenses during the period in question. The profit is the difference between any change in assets and any change in liabilities before such things as owner withdrawal, appreciation of assets, change in investments, etc. (The change may be positive or negative.) This can be obtained as follows:

The Change in Assets before owner's withdrawal, appreciation of assets, change in investments, etc., can be computed by adding the following:

- (1) Item #7 (Cash Position - End of Last Month) minus Item #1 (Cash on Hand at the Beginning of the First Month.)
  - (2) Item #5(f) (Capital Purchases - Total Column) minus Item F (depreciation - Total Column).
  - (3) Item B. (Accounts Receivable - End of 12th Month) minus Item B (Accounts Receivable - Pre-start-up Position).
  - (4) Item D. (Inventory on Hand - End of 12th Month) minus Item D (Inventory on Hand - Pre-start-up Position).
  - (5) Item #5(w) (Owner's withdrawal - Total Column) or dividends, minus such things as an increase in investment.
  - (6) Item #5(v) (Reserve and/or Escrow - Total Column).
- The Change in Liabilities (before items noted in "change in assets") can be computed by adding the following:
- (1) Item 2(C) (Loans - Total Column) minus 5(s) (Loan Principal Payment - Total Column).
  - (2) Item E (Accounts Payable - End of 12th Month) minus E (Accounts Payable - Pre-start-up Position).

## ANALYSIS

- A. The cash position at the end of each month should be adequate to meet the cash requirements for the following month. If too little cash, then additional cash will have to be injected or cash paid out must be reduced. If there is too much cash on hand, the money is not working for your business.
- B. The cash flow projection, the profit and loss projection, the break-even analysis, and good cost control information are tools which, if used properly, will be useful in making decisions that can increase profits to insure success.
- C. The projection becomes more useful when the information can be compared to actual operations as they develop. It is important to follow through and compare actual sales levels and expenditures with your projections. Utilize the cash flow projection to assist in setting new goals at planning operations for more profit.

**PLEASE NOTE:** Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Chief, Administrative Information Branch, William A. Cline, Room 200 U.S. Small Business Administration, 1441 L St., NW Washington, DC 20410; and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 30503.

MONTHLY CASH FLOW PROJECTIONS

1. CASH ON HAND (BEGINNING OF MONTH)	Cash on hand same as (7), Cash Position Previous Month
2. CASH RECEIPTS	All Cash Sales. Omit credit sales unless cash is actually received.
(a) Cash Sales	Amount to be expected from all credit accounts.
(b) Collections from Credit Accounts	Indicate here all cash injections not shown in 2(a) or 2(b) above. See "A" of "Analysis"
(c) Loan or Other Cash Injection (Specify)	Self-explanatory
3. TOTAL CASH RECEIPTS (2a + 2b + 2c = 3)	
4. TOTAL CASH AVAILABLE (Before cash out) (1 + 3)	Self-explanatory
5. CASH PAID OUT	Merchandise for resale or for use in product (paid for in current month)
(a) Purchases (Merchandise)	Base pay plus overtime and broken out between Administrative and Production wages
(b) Gross Wages (Excludes Withdrawals)	Include paid vacations, paid sick leave, health insurance, unemployment insurance, etc. (this might be 10 to 45% of 5(b))
(c) Employee Benefits	Include payroll withholdings ( FICA, FUTA, SSI, Etc.)
(d) Payroll Expenses (Taxes, etc.)	This could include outside labor and/or material for specialized or overflow work, including subcontracting
(e) Outside Services	Items purchased for use in the business (not for resale)
(f) Supplies (Office and operating)	Include periodic large expenditures such as painting or decorating
(g) Repairs and Maintenance	This amount should be adequate to maintain sales volume - include telephone book yellow page cost
(h) Advertising	if personal car is used, charge in this column - include parking
(i) Car, Delivery, and Travel	Outside services, including, for example bookkeeping
(j) Accounting and Legal	Real estate only (see 5(q) for other rentals)
(k) Rent	Self-explanatory
(l) Telephone	Water, heat, light, and/or power
(m) Utilities	Coverages on business property and products e.g. fire, liability, also workman's compensation, fidelity, etc. Exclude "executive life (include in "5W")
(n) Insurance	Plus inventory tax - sales tax - excise tax, if applicable
(o) Taxes (Real estate, etc.)	Remember to add interest on loan as it is injected (See 2(c) above)
(p) Interest	Unexpected expenditures may be included here as a safety factor
(q) Other Expenses (Specify Each)	Equipment expenses during the month should be included here (Non-capital equipment)
(r) Miscellaneous (Unspecified)	When equipment is rented or leased, record payments here
(s) Subtotal	Small expenditures for which separate accounts would not be practical
(t) Loan Principal Payment	This subtotal indicates cash out for operating costs
(u) Capital Purchases (Specify)	Include payment on all loans, including vehicle and equipment purchases on time payment
(v) Owner's Withdrawal	Non-expensed (depreciable) expenditures such as equipment, building, vehicle purchases, and leasehold improvements
6. TOTAL CASH PAID OUT	Should include payment for such things as owner's income tax, social security, health insurance, "executive" life insurance premiums, etc.
7. CASH POSITION (End of Month) (4 minus 6)	Self-explanatory
ESSENTIAL OPERATING DATA (Non-cash flow information)	Enter this amount in (1) Cash on Hand following month - See "A" of "Analysis"
(A) Sales Volume (dollars)	This is basic information necessary for proper planning and for proper cash flow-projection. In conjunction with this data, the cash flow can be evolved and shown in the above form.
(B) Accounts Receivable (End of month)	This is a very important figure and should be estimated carefully, taking into account size of facility and employee output as well as realistic anticipated sales (Actual sales performed - not orders received)
(C) Bad Debt (End of month)	Previous unpaid credit sales plus current month's credit sales, less amounts received current month (deduct "C" below)
(D) Inventory on Hand (End of month)	Bad debts should be subtracted from (B) in the month anticipated
(E) Accounts Payable (End of month)	Last month's inventory plus merchandise received and/or manufactures current month minus amount sold current month
(F) Depreciation	Previous month's payable plus current month's payable minus amount paid during month
	Established by your accountant or value of all your equipment divided by useful life (in months) as allowed by Internal Revenue Service

## ESTIMATED PROJECTIONS

(Attach a narrative explaining your basis for the below figures)

	Year _____	20__	20__	20__
A	<b>GROSS RECEIPTS</b>	_____	_____	_____
B	<b>COST OF GOODS SOLD</b>	_____	_____	_____
C	<b>GROSS PROFIT (A - B)</b>	=====	=====	=====
<b>EXPENSES:</b>				
D	OFFICERS SALARIES	_____	_____	_____
E	EMPLOYEE WAGES: ADMINISTRATIVE PRODUCTION	_____ _____ _____	_____ _____ _____	_____ _____ _____
F	ACCOUNTING & LEGAL	_____	_____	_____
G	ADVERTISING	_____	_____	_____
H	RENT	_____	_____	_____
I	DEPRECIATION	_____	_____	_____
J	SUPPLIES	_____	_____	_____
K	UTILITIES & TELEPHONE	_____	_____	_____
L	INTEREST	_____	_____	_____
M	REPAIRS	_____	_____	_____
N	TAXES	_____	_____	_____
O	INSURANCE	_____	_____	_____
P	BAD DEBTS	_____	_____	_____
Q	MISC. (ITEMIZE IF LARGE)	_____	_____	_____
R	<b>TOTAL EXPENSES (SUM OF D THRU Q)</b>	=====	=====	=====
S	<b>NET PROFIT (C-R)</b>	_____	_____	_____
T	LESS INCOME TAXES	_____	_____	_____
U	LESS WITHDRAWALS	_____	_____	_____
V	<b>AVAILABLE FOR LOAN PAYMENT (S-T-U+L)</b>	=====	=====	=====



## Management Resume

Please fill in all spaces, use full first, middle, and maiden names. If an item is not applicable, please so indicate. **All owners, partners, directors, stockholders, and key managers should complete this form.**

### PERSONAL

Name \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Maiden Last  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
MM/DD/YY City, State, Country  
 Current Residence: \_\_\_\_\_ Previous Residence: \_\_\_\_\_  
Street Street  
 From: \_\_\_\_\_ To \_\_\_\_\_ (mm/yy) From: \_\_\_\_\_ To \_\_\_\_\_ (mm/yy)  
City State Zip City State Zip

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

- YES  NO Are you a U.S. Citizen? If NO, furnish copy of green card, front and back.  
 YES  NO Have you ever declared bankruptcy? If YES, furnish details on a separate sheet.  
 YES  NO Have you ever been charged with or convicted of any criminal offense other than a motor vehicle violation? If YES, furnish details on a separate sheet.  
 YES  NO Are you presently behind in any court ordered child support obligation?  
 YES  NO Are you presently under indictment, on parole or probation? If YES, furnish details on separate sheet.  
 YES  NO A current credit report will be requested on each borrower. Are there entries on this report which will require an explanation? If so, please attach a sheet explaining the circumstances of these entries.

Education	Name & Location of Institution	Dates From/To	Major	Did You Graduate?
Type of Degree				

**Military Service Background**  
 Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Honorable Discharge? \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

**Work Experience** (List chronologically beginning with present employment to cover a 10 yr. period. Attach separate sheet if necessary.)  
 From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Company Name/Location \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Company Name/Location \_\_\_\_\_

List any training, certification, etc. relative to business owned: \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL INCOME EXPENSE ANALYSIS

NAME(S) \_\_\_\_\_

		MONTHLY	ANNUALLY
<b>INCOMES:</b>			
AVAILABLE DRAW	(NP + Depreciation)	_____	_____
GROSS SALARY	(Principal)	_____	_____
GROSS SALARY	(Spouse)	_____	_____
RENTAL INCOME	(Gross)	_____	_____
INTEREST INCOME	(Recurring)	_____	_____
ALIMONY	(Recurring)	_____	_____
OTHER INCOME	(Recurring)	_____	_____
<b>TOTAL INCOME</b>		<u><u>\$0</u></u>	<u><u>\$0</u></u>

**EXPENSES:**

RESIDENCE EXPENSE	(Rent in P&I)	_____	_____
RENTAL MORTGAGES	(P&I)	_____	_____
RENTAL EXPENSES	(Cash Exp. Less P&I)	_____	_____
AUTO LOANS	(All)	_____	_____
INSTALLMENT LOANS	(All)	_____	_____
REVOLVING CREDIT		_____	_____
UTILITIES/PHONE	(Estimate)	_____	_____
INSURANCES	(All Personal)	_____	_____
FOOD	(Estimate)	_____	_____
CLOTHING	(Estimate)	_____	_____
MEDICAL EXPENSES	(3 Yr. Average)	_____	_____
INCOME TAXES	(Historical Rate)	_____	_____
PROPERTY TAXES	(Historical Rate)	_____	_____
ALIMONY	(If Applicable)	_____	_____
CHILD CARE	(If Applicable)	_____	_____
OTHER EXPENSES	(_____)	_____	_____
MISCELLANEOUS	(_____)	_____	_____
(Typical range is 5% - 10% of total income)			

TOTAL EXPENSES	<u><u>\$0</u></u>	<u><u>\$0</u></u>
----------------	-------------------	-------------------

NET DISCRETIONARY INCOME	<u><u>\$0</u></u>	<u><u>\$0</u></u>
--------------------------	-------------------	-------------------

COVERAGE RATIO (INCOME/EXPENSE)	<u><u>#DIV/0!</u></u>	<u><u>#DIV/0!</u></u>
---------------------------------	-----------------------	-----------------------

Signature _____	Date _____
-----------------	------------

Signature _____	Date _____
-----------------	------------



### PERSONAL FINANCIAL STATEMENT

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

U.S. SMALL BUSINESS ADMINISTRATION

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 entity providing a guaranty on the loan.

Name Business Phone

Residence Address Residence Phone

City, State, & Zip Code

Business Name of Applicant/Borrower

ASSETS	(Omit Cents)	LIABILITIES	(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 .....	\$ _____
<b>Total</b>	\$ _____	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 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 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 Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

# Environmental Questionnaire

This form is to be completed by the current owner of the below noted real property. Owner may wish to retain an engineer and/or attorney to assist in the completion of the questionnaire. This document will become part of the loan application for the project benefiting \_\_\_\_\_ (Applicant/Buyer).

## 1. General Information

- A. Business Address: \_\_\_\_\_  
Brief Legal Description: \_\_\_\_\_  
\_\_\_\_\_
- B. Name of current property owner: \_\_\_\_\_
- C. Type of business currently operating on the premises. SIC/NAICS code if known
- |                            |                                   |
|----------------------------|-----------------------------------|
| _____ 1. Personal Services | _____ 5. Health Services          |
| _____ 2. Manufacturing     | _____ 6. Educational Services     |
| _____ 3. Transportation    | _____ 7. Engineering & Management |
| _____ 4. Retail Trade      | _____ 8. Other: _____             |
- D. Type of business to be operated on the premises. SIC/NAICS code if known:  
(Only where applicant is not the current operator or tenant)
- |                            |                                   |
|----------------------------|-----------------------------------|
| _____ 1. Personal Services | _____ 5. Health Services          |
| _____ 2. Manufacturing     | _____ 6. Educational Services     |
| _____ 3. Transportation    | _____ 7. Engineering & Management |
| _____ 4. Retail Trade      | _____ 8. Other: _____             |
- E. Historic use of the property (Check all that apply) SIC/NAICS code if known:
- |                            |                                   |
|----------------------------|-----------------------------------|
| _____ 1. Personal Services | _____ 5. Health Services          |
| _____ 2. Manufacturing     | _____ 6. Educational Services     |
| _____ 3. Transportation    | _____ 7. Engineering & Management |
| _____ 4. Retail Trade      | _____ 8. Other: _____             |
- F. Did this property have, or will it have, underground storage tanks in use?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown as to past use
- G. Environmental Permits
- \_\_\_\_\_ Current ownership has current permits  
Type of permit(s): \_\_\_\_\_
- \_\_\_\_\_ Current owner/tenant had permits  
Reason for no longer having permit(s): \_\_\_\_\_
- \_\_\_\_\_ Current owner/tenant has applied for permits  
Type of permit(s): \_\_\_\_\_
- H. Is the owner/tenant aware of any notices of violations, or correspondence with governmental agencies, or internal correspondence regarding the release, threat of release, or cleanup of hazardous substances at this property?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown
- I. Type of business(es) currently operating on property adjacent to applicant business  
(Check as many as apply). SIC/NAICS codes if known:
- |                            |                                   |
|----------------------------|-----------------------------------|
| _____ 1. Personal Services | _____ 5. Health Services          |
| _____ 2. Manufacturing     | _____ 6. Educational Services     |
| _____ 3. Transportation    | _____ 7. Engineering & Management |
| _____ 4. Retail Trade      | _____ 8. Other: _____             |

J. Has an environmental audit of this property ever been conducted?  
 Yes       No       Unknown  
 If "Yes," Date: \_\_\_\_\_ By Whom? \_\_\_\_\_

2. **Information regarding hazardous substances (Please provide snapshots of the property)**

- A. Are there currently chemicals, fuels, pesticides or waste products on this property?  
 (Check as many as apply)  
 Yes       No  
 Stored in Tanks       Stored in Drums  
 Disposed of directly on the property or adjacent sites  
 Stored or disposed of in surface impoundments, pits, landfills, ponds, lagoons or piles
- B. Is there now or has there been any system of underground disposal (e.g. Septic tanks) at this property?  
 Yes       No  
 Septic Tank       Other : \_\_\_\_\_
- C. If you answered "Yes" to having chemicals, etc. currently on the property, have there been any accidental spills?  
 Yes (If yes, what was the name(s) of the chemical(s), etc. which spilled?)  
 \_\_\_\_\_  
 No       Unknown as to past usage
- D. If you answered "Yes" to having chemicals, etc. currently on the property, what is the current practice for disposal of the used solvents, oils, metal savings, plating solutions, etc?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name: \_\_\_\_\_

The following information is provided to assist you in identifying the situations indicative of contamination:

1. Evidence that chemicals, fuels, solvents, pesticides, herbicides, oils, etc. are used on the property.
2. Discarded chemical containers.
3. Waste piles of any type.
4. Evidence of distressed vegetation or areas upon which there is no vegetative growth.
5. Oily films on standing water.
6. Discolored soils.
7. Unusual odors.
8. Lapsed or withdrawn environmental permits.
9. Common "Hazardous substances" are:
  - Solvents
  - De-greasers
  - Acid or base solutions
  - Hydraulic fluids or coolants
  - Used Oils
  - Asbestos
  - Paint or ink waste or thinners
  - Ignitable materials
  - PCB fluids
  - Materials containing arsenic, barium, mercury, cadmium, lead, chromium, selenium, and silver
  - Pesticides
  - Any kind of vehicular fuel

Form **4506-T**

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service

### 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.

<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> Previous address 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: DONOT 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.

<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	

## 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 RAIVS 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  978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362  770-455-2335
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  512-460-2272
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  559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-841 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  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, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  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.