

SBA Loan Application

Contact Name _____ Telephone (____) _____

Company Information

Business Name _____ Telephone (____) _____

Address _____

City _____ State _____ Zip _____

Type of Entity: Corporation Partnership Sole Proprietorship
 Limited Liability Company/Partnership Other _____

Type of Business _____ Date Established _____

Business Tax ID Number/Social Security Number _____

Existing Number of Employees _____ Projected Number of Employees _____

Accountant Name _____ Telephone (____) _____

Attorney Name _____ Telephone (____) _____

Bank Name _____ Telephone (____) _____

Address _____ City _____ State/Zip _____

Company Business History

Type of Business:

- | | |
|--|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, or Real Estate |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Service |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Other _____ |

Product/Services

Key Customers

Major Competitors

Product/Services	Key Customers	Major Competitors

Describe Company's Competitive Advantage:

Future Plans for Growth/Expansion:

Ownership Information

Please list all officers, directors, partners, owners, co-owners and stockholders (Ownership must equal 100%):

Name	Title	% of Ownership	Annual Compensation
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Name	Title	% of Ownership	Annual Compensation

Declaration of Owners, Principals and Directors

1. Is your business a franchise? Yes No
2. Have you or your business ever requested government financing? Yes No
3. Have you ever been or are you currently under indictment, on parole or probation? Yes No
4. Are you or your business involved in any pending lawsuits? Yes No
5. Are you employed by the U.S. Government? Yes No
6. Do you or your spouse or any member of your household, or anyone who owns, manages or directs your business or their spouses or members of households, work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, any Federal Agency, or Transamerica Small Business Capital, Inc.? Yes No
7. Have you ever been disbarred from doing business by the U.S. Government? Yes No
8. Are all your business and personal taxes current? Yes No
9. Does your business currently engage in export trade? Yes No
10. Do you plan to begin exporting as a result of this loan? Yes No

Affiliates Information

Please list all business concerns in which the applicant company or any of the individuals listed in the ownership section have any ownership. (Please use additional sheets, if necessary):

Company Name	Owner <small>(applicant company or individual)</small>	% of Ownership

Other SBA Loan Information

Have any of the company's current owners had an SBA loan or an interest in a company with an SBA loan? Yes No

If Yes, Name of Financial Institution _____

Current Loan Balance _____ Loan Account No. _____

Gender*: Male Female

Ethnic Background/Race*:

African American Hispanic Puerto Rican Asian, Pacific Islander

Native American (other than Eskimo or Aluet) White

Other _____

*NOTE: This information is collected for statistical purposes only and is necessary to document SBA fair lending practices. It has no bearing on the credit decision to approve or decline this application.

Use of Loan Proceeds and Estimated Project Costs

Estimated project costs:

Real Estate Purchase*	\$
New Building Construction	\$
Improvements/Repairs	\$
Machinery/Equipment	\$
Furniture/Fixtures	\$
Inventory Purchase	\$
Business Acquisition Purchase Price	\$
Debt Refinancing	\$
Working Capital	\$
Other	\$
TOTAL AMOUNT	\$

*If real estate purchase, under what name(s) do you wish to take title?

Down payment (cash injection, gift, seller carry-back, etc.): \$ _____

Total Loan Amount Requested (project costs less down payment): \$ _____

Collateral to be provided for loan: _____

Credit Release Authorization

By signing below, I hereby certify to Transamerica Small Business Capital, Inc. the following: 1) You may investigate my business or personal credit history; 2) I have completed this Loan Request Form; 3) the responses in this Loan Request Form and the information provided in addition to those responses are accurate and complete to the best of my knowledge; and 4) Transamerica Small Business Capital, Inc. may rely on the accuracy thereof.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Business Debt Schedule

(Please complete only if applicant company is a currently operating entity.)

1. Creditor Name/Address _____

Original Loan Amount:	Original Date:	Maturity Date:	Interest Rate:	
_____	_____	_____	_____	Current <input type="checkbox"/>
Current Balance Due:	Monthly Payment:	Collateral:	Use for Loan:	Past Due <input type="checkbox"/>
_____	_____	_____	_____	

2. Creditor Name/Address _____

Original Loan Amount:	Original Date:	Maturity Date:	Interest Rate:	
_____	_____	_____	_____	Current <input type="checkbox"/>
Current Balance Due:	Monthly Payment:	Collateral:	Use for Loan:	Past Due <input type="checkbox"/>
_____	_____	_____	_____	

3. Creditor Name/Address _____

Original Loan Amount:	Original Date:	Maturity Date:	Interest Rate:	
_____	_____	_____	_____	Current <input type="checkbox"/>
Current Balance Due:	Monthly Payment:	Collateral:	Use for Loan:	Past Due <input type="checkbox"/>
_____	_____	_____	_____	

4. Creditor Name/Address _____

Original Loan Amount:	Original Date:	Maturity Date:	Interest Rate:	
_____	_____	_____	_____	Current <input type="checkbox"/>
Current Balance Due:	Monthly Payment:	Collateral:	Use for Loan:	Past Due <input type="checkbox"/>
_____	_____	_____	_____	

5. Creditor Name/Address _____

Original Loan Amount:	Original Date:	Maturity Date:	Interest Rate:	
_____	_____	_____	_____	Current <input type="checkbox"/>
Current Balance Due:	Monthly Payment:	Collateral:	Use for Loan:	Past Due <input type="checkbox"/>
_____	_____	_____	_____	

(Please attach additional list, if necessary.)

Company Business Plan

Goals and objectives:

1. _____
2. _____
3. _____

Target market _____

Please describe your location (i.e., ease of access, location of competitors, etc.) _____

Market needs and business opportunity _____

Sales and marketing strategies _____

How this loan will assist your company _____

Business economics (i.e., pricing, gross/net margins, etc.) _____

Seasonal factors _____

Environmental Questionnaire

Property or Facility Location (attach legal description, if available): _____

Property Size (lot size or acreage): _____

Is the property owned or leased? Owned Leased

Please complete the following questions in detail. If additional space is needed, attach separate sheets. If an answer to any question cannot be determined after reasonable investigation, so indicate.

- 1. A.** List all current owners and occupants of the Property, their complete addresses, and how long they have owned or occupied the Property.

- B.** List the current owner's and/or occupant's prior, current, and planned use for the Property.

Prior Use: _____

Current Use: _____

Planned Use: _____

- C.** Does the planned use of the Property involve the handling, storage, use, or disposal of any hazardous substances or wastes? Yes No

If Yes, please explain in detail. _____

- 2.** List each prior owner and occupant who owned or occupies the Property prior to those listed in response to question 1.A. above, and describe how long they owned or occupied the Property and detail how they put the Property to use (go back 60 years, if possible).

- 3.** List the current owners/occupants and current use of all properties that are adjacent to the subject property.

- 4. A.** Have any chemicals been used or stored on the Property within the last 5 years? Yes No
If yes, please list the chemicals and their uses, annual volume, locations of storage, and methods of disposal.

- B.** Are there any containers or drums situated or buried on, in, or around the Property or any adjacent property. Yes No

- 5.** Are any asbestos-containing materials present on the Property? Yes No

If yes, what type? _____

- 6.** Are there now, or have there ever been in the past, any underground storage tanks on or around the Property? Yes No

If yes, provide the age, number, ownership, use and conditions of such tank(s), and whether the tank(s) are registered. If the tank(s) have been removed, please provide the date and under whose supervision the removal took place.

7. Have there ever been any spills or releases of oil, gasoline or other substances on, in, under, or about the Property? Yes No
If yes, please give details. _____

8. A. Are there currently any above ground waste piles? Yes No
If yes, please explain the composition of the piles(s). _____

- B. Has the Property, or any adjoining property, ever been used as a landfill or for solid waste disposal? Yes No
If yes, please explain. _____

9. Is there any evidence of distressed vegetation or non-vegetation areas on the Property?
 Yes No
If yes, please explain the condition of the vegetation and probable causes. _____

10. Does the Property have any discolored soils? Yes No
If yes, please explain any known reasons for this occurrence. _____

11. A. Is there surface water on the Property (e.g. streams, ponds, etc.)? Yes No
B. Are there any oily films on standing water? Yes No
If yes, please explain this occurrence. _____

12. Are there any unusual odors on the Property? Yes No
If yes, please explain any known reasons for this occurrence. _____

13. Are there any electrical transformers or capacitors on the Property which may cause PCB's?
 Yes No
14. List the owner/occupant of each adjacent parcel of property, and describe the past, current, and planned uses for their properties. _____

15. A. Has the Property or any other property owned by you, or any property adjacent to the Property ever been (1) listed on any governmental list of actual or potential hazardous waste sites or (2) investigated by any governmental agency for possible environmental problems or non-compliance with environmental laws? Yes No
If yes, please explain. _____

- B. Have you or the Property, or any owner or occupant of the Property, ever been involved in litigation, disputes, complaints, claims, or regulatory actions involving environmental matters?
 Yes No
- C. Has the Property ever received any notices of violations or citations from any local, state or federal regulatory agency? Yes No
- D. Has the Property ever been involved in any environmental clean-up actions? Yes No

16. Have any of the following actions ever been taken relative to the Property? Yes No
- a. Filing of an Emergency and Hazardous Chemical Form
 - b. Filing of a Toxic Chemical Release Form pursuant to the Federal Emergency Planning and Community Right to Know Act.

If yes, please attach a copy.

17. Does the current owner or occupant have all required environmental licenses or permits issued by governmental agencies? Yes No

If yes, are all permits and notifications displayed according to government regulations?
 Yes No

18. Has there ever been an environmental audit or risk assessment or other environmental study of the Property? Yes No

If yes, please attach a copy.

19. Are there any signs of contamination at the Property? Yes No

20. Have you or any enterprises with which you are or have been involved ever been identified as a potentially responsible part, or received any notices issued by any governmental agency concerning environmental contamination or the threat thereof at any location whatsoever?

Yes No

If yes, please document each such instance and its status. _____

Certificate

I/We acknowledge that I/We have read the Environmental Questionnaire in its entirety and, by signing below, I/We hereby certify to the following: 1) I/We have completed the foregoing questionnaire; 2) The responses in the questionnaire are accurate and complete to the best of my/our knowledge, after inquiry; and 3) I/We may rely on the accuracy thereof.

Applicant: _____

By: _____
 Name Title Date

By: _____
 Name Title Date

Estimated Projection and Forecast of One Year's Earnings
(Please Attach Assumptions)

First Year Projections Dollar Estimates	
Gross Receipts	\$
Merchandise Cost	\$
Gross Profit	\$
EXPENSES	\$
Officers' Salaries	\$
Employees' Wages	\$
Accounting/Legal Fees	\$
Advertising	\$
Rent	\$
Depreciation	\$
Supplies	\$
Electricity	\$
Telephone	\$
Interest	\$
Repairs	\$
Taxes	\$
Insurance	\$
Bad Debts	\$
Miscellaneous	\$

(If Miscellaneous Expense is large, please itemize on a separate exhibit.)

Other (explain)	\$
	\$
Total Expenses	\$
Net Profit (before taxes)	\$
Less Income Taxes	\$
Net Profit (after taxes)	\$
Less: Withdrawals (only if Proprietorship, Partnership or S Corp.)	\$
Net Profit Remaining For Payments on Loan	\$

Management Information

(Please complete for all key management personnel and any individual owning 20% or more of the applicant business.)

Personal:

Name _____ Social Security No. _____

Date of birth _____ Place of birth _____

Residence Telephone (____) _____ Business Telephone (____) _____

Residence Address _____

Previous Address _____

Lived in previous address from: _____ to: _____

Are you a U.S. citizen? [] Yes [] No

If no, Alien Registration Number _____

Education:

College/Technical Training	Dates Attended	Major	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service Background:

Branch _____ From _____ To _____

Honorable discharge? _____ Rank at discharge _____

Work Experience (list most recent employer first):

Company Name/Location _____

Title _____ From _____ To _____

Duties _____

Company Name/Location _____

Title _____ From _____ To _____

Duties _____

Company Name/Location _____

Title _____ From _____ To _____

Duties _____

Company Name/Location _____

Title _____ From _____ To _____

Duties _____

Company Name/Location _____

Title _____ From _____ To _____

Duties _____



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, 19 ____

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 hands & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	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 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.

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

Section 4.	(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. (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.



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully - Print or Type

Each member of the small business concern or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. The form must be filled out and submitted by:

1. If a sole proprietorship by the proprietor.
2. If a partnership by each partner.
3. If a corporation or a development company, by each officer, director, and additionally each holder of 20% or more of the voting stock.
4. Any other person including a hired manager, who has authority to speak for and control the borrower in the management of the business.

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. First _____ Middle _____ Last _____	Name and Address of participating lender or surety co. (when applicable and known) _____ _____ _____ 2. Date of Birth (Month, day, and year) _____ 3. Place of Birth: (City & State or Foreign Country) _____
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4. Give the percentage of ownership or stock owned or to be owned in the small business concern or the Development Company	Social Security No.	U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give alien registration number: _____
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5. Present residence address: From: _____ To: _____ Address: _____ Home Telephone No. (Include A/C): _____ Business Telephone No. (Include A/C): _____	Most recent prior address (omit if over 10 years ago): From: _____ To: _____ Address: _____
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IT IS AGAINST SBA'S POLICY TO PROVIDE ASSISTANCE TO PERSONS NOT OF GOOD CHARACTER; THEREFORE, CONSIDERATION IS GIVEN TO PERSON'S BEHAVIOR, INTEGRITY, CANDOR, AND DISPOSITION TOWARD CRIMINAL ACTIONS. IT IS ALSO AGAINST SBA'S POLICY TO PROVIDE ASSISTANCE NOT IN THE BEST INTEREST OF THE UNITED STATES; FOR EXAMPLE, IF THERE IS REASON TO BELIEVE THE EFFECT OF SUCH ASSISTANCE WILL BE TO ENCOURAGE OR SUPPORT, DIRECTLY OR INDIRECTLY, ACTIVITIES HARMFUL TO THE SECURITY OF THE UNITED STATES.

THEREFORE, IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED TRUTHFULLY AND COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.

IF YOU ANSWER "YES" TO 6, 7, OR 8, FURNISH DETAILS IN A SEPARATE EXHIBIT. 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.

6. Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire.)
7. 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No
8. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. 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, as amended.

CAUTION: 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 by imprisonment of not more than five years and/or a fine of not more than \$10,000; 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 twenty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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Agency Use Only 10. <input type="checkbox"/> Fingerprints Waived _____ Date Approving Authority <input type="checkbox"/> Fingerprints Required Date Sent to OIG _____ Date Approving Authority	11. <input type="checkbox"/> Cleared for Processing _____ Date Approving Authority <input type="checkbox"/> Request a Character Evaluation _____ Date Approving Authority
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Please Note: The estimated burden for completing this form is 15 minutes per response. You will not be required to respond to this information if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project.

Request for Copy or Transcript of Tax Form

▶ Read instructions before completing this form.

OMB No. 1545-0429

▶ Type or print clearly. Request may be rejected if the form is incomplete or illegible.

Note: Do not use this form to get tax account information. Instead, see instructions below.

<p>1a Name shown on tax form. If a joint return, enter the name shown first.</p>	<p>1b First social security number on tax form or employer identification number (see instructions)</p>						
<p>2a If a joint return, spouse's name shown on tax form</p>	<p>2b Second social security number on tax form</p>						
<p>3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code</p>							
<p>4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3</p>							
<p>5 If copy of form or a tax return transcript is to be mailed to someone else, enter the third party's name and address</p>							
<p>6 If we cannot find a record of your tax form and you want the payment refunded to the third party, check here <input type="checkbox"/></p>							
<p>7 If name in third party's records differs from line 1a above, enter that name here (see instructions) ▶</p>							
<p>8 Check only one box to show what you want. There is no charge for items 8a, b, and c:</p> <p>a <input type="checkbox"/> Tax return transcript of Form 1040 series filed during the current calendar year and the 3 prior calendar years (see instructions).</p> <p>b <input type="checkbox"/> Verification of nonfiling.</p> <p>c <input type="checkbox"/> Form(s) W-2 information (see instructions).</p> <p>d <input type="checkbox"/> Copy of tax form and all attachments (including Form(s) W-2, schedules, or other forms). The charge is \$23 for each period requested.</p> <p>Note: If these copies must be certified for court or administrative proceedings, see instructions and check here <input type="checkbox"/></p>							
<p>9 If this request is to meet a requirement of one of the following, check all boxes that apply.</p> <p><input type="checkbox"/> Small Business Administration <input type="checkbox"/> Department of Education <input type="checkbox"/> Department of Veterans Affairs <input type="checkbox"/> Financial institution</p>							
<p>10 Tax form number (Form 1040, 1040A, 941, etc.)</p>	<p>12 Complete only if line 8d is checked.</p> <p>Amount due:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a Cost for each period</td> <td style="width:20%; text-align: right;">\$ 23.00</td> </tr> <tr> <td>b Number of tax periods requested on line 11</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>c Total cost. Multiply line 12a by line 12b.</td> <td style="text-align: right;">\$</td> </tr> </table> <p><i>Full payment must accompany your request. Make check or money order payable to "Internal Revenue Service."</i></p>	a Cost for each period	\$ 23.00	b Number of tax periods requested on line 11		c Total cost. Multiply line 12a by line 12b.	\$
a Cost for each period	\$ 23.00						
b Number of tax periods requested on line 11							
c Total cost. Multiply line 12a by line 12b.	\$						
<p>11 Tax period(s) (year or period ended date). If more than four, see instructions.</p>							

Caution: Before signing, make sure all items are complete and the form is dated.

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. I am aware that based upon this form, the IRS will release the tax information requested to any party shown on line 5. The IRS has no control over what that party does with the information.

		Telephone number of requester ()
<p>Please Sign Here</p>	Signature. See instructions. If other than taxpayer, attach authorization document.	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	Best time to call
	Spouse's signature	Date

Instructions

Section references are to the Internal Revenue Code.

TIP: If you had your tax form filled in by a paid preparer, check first to see if you can get a copy from the preparer. This may save you both time and money.

Purpose of Form.— Use Form 4506 to get a tax return transcript, verification that you did not file a Federal tax return, Form W-2 information, or a copy of a tax form. Allow 6 weeks after you file a tax form before you request a copy of it or a transcript. For W-2

information, wait 13 months after the end of the year in which the wages were earned. For example, wait until Feb. 1999 to request W-2 information for wages earned in 1997.

Do not use this form to request Forms 1099 or tax account information. See this page for details on how to get these items.

Note: Form 4506 must be received by the IRS within 60 calendar days after the date you signed and dated the request.

How Long Will It Take?— You can get a tax return transcript or verification of nonfiling within 7 to 10 workdays after the IRS receives your request. It can take up to 60 calendar

days to get a copy of a tax form or W-2 information. To avoid any delay, be sure to furnish all the information asked for on Form 4506.

Forms 1099.— If you need a copy of a Form 1099, contact the payer. If the payer cannot help you, call or visit the IRS to get Form 1099 information.

Tax Account Information.— If you need a statement of your tax account showing any later changes that you or the IRS made to the original return, request tax account information. Tax account information lists

(Continued on back)

certain items from your return, including any later changes.

To request tax account information, write or visit an IRS office or call the IRS at the number listed in your telephone directory.

If you want your tax account information sent to a third party, complete Form 8821, Tax Information Authorization. You may get this form by phone (call 1-800-829-3676) or on the Internet (at <http://www.irs.ustreas.gov>).

Line 1b.— Enter your employer identification number (EIN) only if you are requesting a copy of a **business** tax form. Otherwise, enter the first social security number (SSN) shown on the tax form.

Line 2b.— If requesting a copy or transcript of a joint tax form, enter the second SSN shown on the tax form.

Note: If you do not complete line 1b and, if applicable, line 2b, there may be a delay in processing your request.

Line 5.— If you want someone else to receive the tax form or tax return transcript (such as a CPA, an enrolled agent, a scholarship board, or a mortgage lender), enter the name and address of the individual. If we cannot find a record of your tax form, we will notify the third party directly that we cannot fill the request.

Line 7.— Enter the name of the client, student, or applicant if it is different from the name shown on line 1a. For example, the name on line 1a may be the parent of a student applying for financial aid. In this case, you would enter the student's name on line 7 so the scholarship board can associate the tax form or tax return transcript with their file.

Line 8a.— If you want a tax return transcript, check this box. Also, on line 10 enter the tax form number and on line 11 enter the tax period for which you want the transcript.

A tax return transcript is available only for returns in the 1040 series (Form 1040, Form 1040A, 1040EZ, etc.). It shows most line items from the original return, including accompanying forms and schedules. In many cases, a transcript will meet the requirement of any lending institution such as a financial institution, the Department of Education, or the Small Business Administration. It may also be used to verify that you did not claim any itemized deductions for a residence.

Note: A tax return transcript **does not** reflect any changes you or the IRS made to the original return. If you want a statement of your tax account with the changes, see **Tax Account Information** on page 1.

Line 8b.— Check this box only if you want proof from the IRS that you did not file a return for the year. Also, on line 11 enter the tax period for which you want verification of nonfiling.

Line 8c.— If you want only Form(s) W-2 information, check this box. Also, on line 10 enter **TMForm(s)W-2 only** and on line 11 enter the tax period for which you want the information.

You may receive a copy of your actual Form W-2 or a transcript of the information, depending on how your employer filed the form. However, state withholding information is not shown on a transcript. If you have filed your tax return for the year the wages were earned, you can get a copy of the actual Form W-2 by requesting a complete copy of your return and paying the required fee.

Contact your employer if you have lost your current year's Form W-2 or have not received it by the time you are ready to prepare your tax return.

Note: If you are requesting information about your spouse's Form W-2, your spouse must sign Form 4506.

Line 8d.— If you want a certified copy of a tax form for court or administrative proceedings, check the box to the right of line 8d. It will take at least 60 days to process your request.

Line 11.— Enter the year(s) of the tax form or tax return transcript you want. For fiscal-year filers or requests for quarterly tax forms, enter the date the period ended; for example, 3/31/96, 6/30/96, etc. If you need more than four different tax periods, use additional Forms 4506. Tax forms filed 6 or more years ago may not be available for making copies. However, tax account information is generally still available for these periods.

Line 12c.— Write your SSN or EIN and **TMForm 4506 Request** on your check or money order. If we cannot fill your request, we will refund your payment.

Signature.— Requests for copies of tax forms or tax return transcripts to be sent to a third party must be signed by the person whose name is shown on line 1a or by a person authorized to receive the requested information.

Copies of tax forms or tax return transcripts for a jointly filed return may be furnished to either the husband or the wife. Only one signature is required. However, see the line 8c instructions. Sign Form 4506 exactly as your name appeared on the original tax form. If you changed your name, also sign your current name.

For a corporation, the signature of the president of the corporation, or any principal officer and the secretary, or the principal officer and another officer are generally required. For more details on who may obtain tax information on corporations, partnerships, estates, and trusts, see section 6103.

If you are **not** the taxpayer shown on line 1a, you must attach your authorization to receive a copy of the requested tax form or tax return transcript. You may **attach a copy of the authorization document** if the original has already been filed with the IRS. This will generally be a **power of attorney** (Form 2848), or **other authorization**, such as Form 8821, or evidence of entitlement (for Title 11 Bankruptcy or Receivership Proceedings). If the taxpayer is deceased, you must send Letters Testamentary or other evidence to establish that you are authorized to act for the taxpayer's estate.

Where To File.— Mail Form 4506 with the correct total payment attached, if required, to the **Internal Revenue Service Center** for the place where you lived when the requested tax form was filed.

Note: You must use a separate form for each service center from which you are requesting a copy of your tax form or tax return transcript.

If you lived in:	Use this address:
New Jersey, New York (New York City and counties of Nassau, Rockland, Suffolk, and Westchester)	1040 Waverly Ave. Photocopy Unit Stop 532 Holtsville, NY 11742
New York (all other counties), Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	310 Lowell St. Photocopy Unit Stop 679 Andover, MA 01810
Florida, Georgia, South Carolina	4800 Buford Hwy. Photocopy Unit Stop 91 Doraville, GA 30362

Indiana, Kentucky, Michigan, Ohio, West Virginia	P.O. Box 145500 Photocopy Unit Stop 521 Cincinnati, OH 45250
Kansas, New Mexico, Oklahoma, Texas	3651 South Interregional Hwy. Photocopy Unit Stop 6716 Austin, TX 73301
Alaska, Arizona, California (counties of Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba), Colorado, Idaho, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	P.O. Box 9941 Photocopy Unit Stop 6734 Ogden, UT 84409
California (all other counties), Hawaii	5045 E. Butler Avenue Photocopy Unit Stop 52180 Fresno, CA 93888
Illinois, Iowa, Minnesota, Missouri, Wisconsin	2306 E. Bannister Road Photocopy Unit Stop 6700, Annex 1 Kansas City, MO 64999
Alabama, Arkansas, Louisiana, Mississippi, North Carolina, Tennessee	P.O. Box 30309 Photocopy Unit Stop 46 Memphis, TN 38130
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, a foreign country, or A.P.O. or F.P.O. address	11601 Roosevelt Blvd. Photocopy Unit DP 536 Philadelphia, PA 19255

Privacy Act and Paperwork Reduction Act Notice.— We ask for the information on this form to establish your right to gain access to your tax form or transcript under the Internal Revenue Code, including sections 6103 and 6109. We need it to gain access to your tax form or transcript in our files and properly respond to your request. If you do not furnish the information, we will not be able to fill your request. We may give the information to the Department of Justice or other appropriate law enforcement official, as provided by law.

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 this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 13 min.; **Learning about the law or the form**, 7 min.; **Preparing the form**, 26 min.; and **Copying, assembling, and sending the form to the IRS**, 17 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the form to this address. Instead, see **Where To File** on this page.

