



## INFORMATION CHECKLIST

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS YOUR LOAN APPLICATION. SOME INFORMATION MAY NOT BE APPLICABLE TO YOUR BUSINESS. IF YOU ARE UNCERTAIN, PLEASE CONTACT THE LOAN OFFICER.

- 1. **Brief History of Your Business** – (form enclose if desired) the nature of business, number of employees, location, and how long you have operated. If this is a loan request for a start up business and you have developed a business plan, much of this information is probably incorporated in that document. Please provide a copy if one has been prepared.
- 2. **Brief Resume of Management** – (primarily yourself) to demonstrate that you have the skills to operate this business. Include any information on special licenses or degrees obtained.
- 3. **Personal Financial Statement** – (form enclosed) one for each 20% or greater owner of the business.
- 4. **Personal Tax Returns** – three years for all persons completing the personal financial statement form, even if income and circumstances have changed substantially.
- 5. **Interim Business Financial Statement** – this should include a balance sheet and an income statement and be dated within 60 day of application.
- 6. **Year End Business Financial Statements** – three years if applicable and both balance sheet and income statements if available.
- 7. **Business Tax Returns** – if you do not operate as a sole proprietor – submit 3 years.
- 8. **Form 912** – (form enclosed) one for each 20% or greater owner of the business.
- 9. **Projections** – financial projections for 3 years if the business is a start up or is substantially changing its strategy.
- 10. **Debt Schedule** – (form provided) lists of all business debt including leases.
- 11. **Organizational Documents** – fictitious name statement, partnership agreement and/or articles for incorporation, whichever is appropriate for your business.
- 12. **Description of Project** – include all costs associated with project and all sources of funding. Also include any purchase agreements, cost breakdowns or vendor's estimates as applicable.
- 13. **Copy of Lease Contracts** – include a copy of all land leases.

YOU MAY BE REQUESTED TO PROVIDE ADDITIONAL INFORMATION DEPENDENT UPON YOUR PARTICULAR SITUATION.



### SBA MICRO LOAN APPLICATION

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address (if not same as above): \_\_\_\_\_

Email: \_\_\_\_\_

Principal in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Type of Entity:     Proprietorship     Partnership     Corporation     LLC

If Corporation:

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Name: \_\_\_\_\_ %Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ %Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ %Ownership: \_\_\_\_\_

#### Total Projects Costs

Amount applied for: \_\_\_\_\_ Purpose of loan: \_\_\_\_\_

#### Employees

Number of Current Employees:            Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Estimated Number of Employees in  
Two Years as a Result of this Project:    Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

**Miscellaneous Questions**

Have you or any of your company ever been involved in bankruptcy or insolvency proceedings?

*If yes, please provide details on separate sheet.*

Yes       No

Are you and your business involved in any pending or prior lawsuits?

Yes       No

Have you ever received an SBA loan?

If yes, please provide a copy of the SBA Loan Authorization and the following:

Yes       No

Original Amount: \$ \_\_\_\_\_

Date of Loan: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Status of Loan: \_\_\_\_\_

**Name and nearest relative not living with you:**

\_\_\_\_\_

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

Phone number: \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES FOR PROCESSING AN SBA 504 LOAN**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires Certified Development Companies to obtain, verify, and record information that identifies each person who applies for a 504 loan.

What this means for you: When you apply for a 504 loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Authorization to Release Information**

I/We hereby authorize any financial corporations, insurance companies, investors, credit bureaus, employers, banks, etc., to release any and/or all information on my/our records and/or accounts to Cal Coastal Rural Development Corporation at its request.

I/We hereby authorize any information to be released by my/our original or photocopied signature.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

By: \_\_\_\_\_

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

By: \_\_\_\_\_

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

By: \_\_\_\_\_

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

*Note: A signed hard-copy of this document will need to be provided before final loan can be processed.*



**RESUME FORM**

Name of Applicant Company: \_\_\_\_\_

Your Name (first, mid, maiden, last): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Nearest Relative's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Are you employed by the US Government?  Yes  No

If yes, give name of agency and position: \_\_\_\_\_

**Military Service Background**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Honorable?  Yes  No

Note: You will need to provide a copy of an unexpired government-issued photo ID such as a driver's license or passport photo page before application is complete.

**Work Experience**

List chronologically, beginning with present employment

**Name of Company:** \_\_\_\_\_ **% of Business Owned:** \_\_\_\_\_

Full Address: \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_

**Name of Company:** \_\_\_\_\_ **% of Business Owned:** \_\_\_\_\_

Full Address: \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_

**Name of Company:** \_\_\_\_\_ **% of Business Owned:** \_\_\_\_\_

Full Address: \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_

**Education**

**Name of School:** \_\_\_\_\_

Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Comments: \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Comments: \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Comments: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_



## **HISTORY AND NATURE OF BUSINESS**

Company Name:

When and by whom was your company established?

When did you get control of the business?

Please describe nature of your business and primary products and services?

What is the geographic market served by your business?

List key customers:

List major competitors:

Please provide a narrative history of the business including any benefits that will result from obtaining an SBA 504 loan?

Submitted by: \_\_\_\_\_

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



**CAL COASTAL**  
RURAL DEVELOPMENT CORPORATION

**DEBT SCHEDULE**

As of\*: \_\_\_\_\_ For (Company Name): \_\_\_\_\_

Payable to (Institution and Account #)	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Current or Past Due
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____
Instit/ Acct#	_____	_____	_____	_____	_____	_____	_____	_____

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: Dates and amounts should match information shown on current Financial Statement (Balance Sheet)



United States of America  
**SMALL BUSINESS ADMINISTRATION**  
**STATEMENT OF PERSONAL HISTORY**

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

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)		SBA District/Disaster Area Office	
		Amount Applied for (when applicable)	File No. (if known)
1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.		2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company	Social Security No.
First	Middle	Last	
		3. Date of Birth (Month, day, and year)	
		4. Place of Birth: (City & State or Foreign Country)	

Name and Address of participating lender or surety co. (when applicable and known)	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number:	INITIALS: _____
6. Present residence address: From: To: Address:	Most recent prior address (omit if over 10 years ago): From: To: Address:	
Home Telephone No. (Include Area Code): Business Telephone No. (Include Area Code):		

**PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.**  
**YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.**  
**IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.**

7. Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire.)	INITIALS: _____
8. Have you ever been charged with, and/or arrested for, any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet)	<input type="checkbox"/> Yes <input type="checkbox"/> No INITIALS: _____
9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No INITIALS: _____
10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.	

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

Signature	Title	Date
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<b>Agency Use Only</b>		12. <input type="checkbox"/> Cleared for Processing	Date	Approving Authority
11. <input type="checkbox"/> Fingerprints Waived	Date	Approving Authority		
<input type="checkbox"/> Fingerprints Required	Date	Approving Authority		
Date Sent to OIG		13. <input type="checkbox"/> Request a Character Evaluation	Date	Approving Authority
		(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)		

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



## NOTICES REQUIRED BY LAW

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

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

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

### **Privacy Act (5 U.S.C. § 552a)**

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

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

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

## Request for Transcript of Tax Return

OMB No. 1545-1872

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

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

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

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

- 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. A tax return transcript does not reflect changes made to the account after the return is processed. 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 provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. 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. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. 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 2010, filed in 2011, will not be available from the IRS until 2012. 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. \_\_\_\_\_
- Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . .

**Caution.** Do not sign this form unless all applicable lines have been completed.

**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. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Section references are to the Internal Revenue Code unless otherwise noted.

### What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at [www.irs.gov/form4506](http://www.irs.gov/form4506). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

### General Instructions

**CAUTION.** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note.** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**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 addresses, send your request to the address based on the address of your most recent return.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

### Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 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, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	801-620-6922
	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) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**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 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**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 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. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations 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, the District of Columbia, and U.S. commonwealths and possessions 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:

Internal Revenue Service  
Tax Products Coordinating Committee  
SE:W:CAR:MP:T:M:S  
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.