



COMMERCIAL LOAN APPLICATION CHECKLIST

AppleFCU.org

P.O. Box 1208, Fairfax, VA 22038-1208 703-788-4800 Fax: 703-802-4508

Thank you for considering Apple Federal Credit Union for your business financing request. Please use the following checklist to provide information needed to complete your loan application.

If you have any questions, please contact Commercial Services 703-788-4800, Ext 1270 or email BusinessServices@applefcu.org.

General Information

- Commercial Loan Application *(attached)*
- Personal Financial Statement for each guarantor *(attached)*
- Beneficial Owner of Legal Entity Customers *(attached)*
- IRS Form 4506-T for the business and each guarantor *(attached)*
- Copies of Driver's Licenses for all owners/signers and guarantors
(or Passport Information for Non-US Persons)

Business Financial Information

- Last 3 Years of Federal Income Tax Returns including all schedules, statements and K-1's if applicable
- Last 3 Years of Fiscal Year End Financial Statements
- Business Plan & Pro-Forma/Projections *(if business is new or in operation less than 3 years)*
- Interim Financial Statements *(within 60 days)*
- Current Accounts Receivable and Accounts Payable schedules *(if applicable)*
- Executed Purchase Agreement *(if applicable)*
- Rent Roll and Real Estate Operating Statement *(if applicable)*
- Executed Leases/Rental Agreements *(if applicable)*
- Executed Purchase Order *(for new equipment)*
- Executed Construction Contract or Bid for leasehold improvements *(if applicable)*
- Last 3 months of business checking/saving/investment accounts statements

Business Entity Information

- Certificate of Legal Entity
- Articles of Incorporation/Partnership/Organization/Formation
- Bylaws, Operating/Partnership Agreement and any amendment if applicable
- EIN letter from IRS
- Names of any DBA's *(Doing Business As)*
- Business License *(if applicable)*



COMMERCIAL LOAN APPLICATION

AppleFCU.org

P.O. Box 1208, Fairfax, VA 22038-1208 703-788-4800 Fax: 703-802-4508

| | | | | | |
|---|------------------------|------|------------------------------------|---|---|
| Business Name | | | | Date (MM/DD/YYYY) | |
| Business Activity | | | | TIN # | |
| Address: Street | | City | State | Zip Code | Phone No. |
| Mailing Address: Street <small>(if different from business address)</small> | | City | State | Zip Code | Are you an Apple FCU Member <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email/Web Address | | | | Fax No. | |
| Legal Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Other | | | | Are There Affiliates/Related Parties? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| State of Organization: | Counties Of Operation: | | Date Business Started (MM/DD/YYYY) | | Under Current Management Since? |

| Principal(s) / Authorized Officer | | | | | |
|-----------------------------------|---------|----------|-------------|------------------------|----------------------------|
| Full Name | Address | Title(s) | Ownership % | Social Security Number | Date of Birth (MM/DD/YYYY) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

The Loan Request(s):

Business Loan Purpose(s):

| Assets Being Acquired: <small>(Attach Purchase / Sales Agreement)</small> | Seller: | Cost: <small>(Excluding Taxes and Shipping)</small> | Down Payment: <small>(Indicate if Cash or Trade)</small> | Loan Amount Requested: <small>(Amount you are Looking to Borrow)</small> |
|--|---------|--|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Other Security / Collateral:

COMMERCIAL LOAN APPLICATION (con't)

Primary Source of Repayment

Other Sources Of Repayment:

I / We the undersigned, authorize Apple Federal Credit union to perform a credit investigation and / or obtain a credit report from a Consumer Reporting Agency. upon written request, the nature and scope of this investigation, if one is made, will be disclosed to me/us. i / we represent, warrant and affirm that all of the statements made by me/us in this application are true and correct and have been made by me / us to induce you to grant this loan with knowledge that you will rely thereon. it is agreed that this application and credit information is for the sole use of the Credit Union and shall remain their property whether or not the loan is granted. i hereby acknowledge that i have received a copy of this credit application.

| | | |
|----------------|-------|-------------------|
| Signature ▶ | Title | Date (MM/DD/YYYY) |
| Signature ▶ | Title | Date (MM/DD/YYYY) |
| Signature ▶ | Title | Date (MM/DD/YYYY) |
| Signature ▶ | Title | Date (MM/DD/YYYY) |

EQUAL CREDIT OPPORTUNITIES ACT DISCLOSURE NOTICE

If your business had gross revenues of \$1,000,000 or less in the previous fiscal year and the loan for which you have applied is not granted, you have the right within 60-days of receiving the credit union's notification of your denial, to request a written statement detailing the specific reasons why your request was denied. Your request should be directed to Apple Federal Credit Union 4097 Monument Corner Drive, Fairfax, VA 22030.

You should know that: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race; color; religion; national origin; sex; marital status; age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with the loan is the National Credit Union Administration: 1775 Duke Street, Alexandria, VA 22314-3428.

This application further requires the submission of the following highlighted items; and will not be considered complete until such documentation is provided :

- Complete questionnaire
- Provide formal business plan
- Submission of additional financial information

CREDIT UNION USE ONLY

APPLICABLE REGULATIONS:

C: (HMDA)
Requires Completion Of Separate Worksheet

X: (RESPA)
Requires Completion Of Separate Worksheet

Flood Certification
Requires Completion Of Separate Worksheet

ACTION:

Approved & Closed

Denied

Request Withdrawn By Applicant

Applicant Notified Verbally

Applicant Notified In Writing

Date Of Action (MM/DD/YYYY)



PERSONAL FINANCIAL STATEMENT

AppleFCU.org

P.O. Box 1208, Fairfax, VA 22038-1208 703-788-4800 Fax: 703-802-4508

Financial Statement as of (MM/DD/YYYY): _____

Submitted To: _____

PERSONAL INFORMATION

| | | | | |
|-----------------------------------|--|---|-------|----------|
| Applicant Name: First | | MI | Last | Suffix |
| Address: Street | | City | State | Zip Code |
| Home Phone No. | | Work Phone No. | | |
| Social Security No. (or ITIN) | | Date of Birth (MM/DD/YYYY) | | |
| Email Address | | Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced | | |
| Name of Employer | | | | |
| Employer Address: Street | | City | State | Zip Code |
| Position/Title | | | Since | |
| Previous Employer | | | | |
| Position/Title | | | Since | |
| Name of Accountant | | Accountant Phone No. | | |
| Name of Attorney | | Attorney Phone No. | | |
| Name of Investment Advisor/Broker | | Investment Advisor/Broker Phone No. | | |
| Name of Insurance Advisor | | Insurance Advisor Phone No. | | |

| | | | | |
|-----------------------------------|--|---|-------|----------|
| Co-Applicant Name: First | | MI | Last | Suffix |
| Address: Street | | City | State | Zip Code |
| Home Phone No. | | Work Phone No. | | |
| Social Security No. (or ITIN) | | Date of Birth (MM/DD/YYYY) | | |
| Email Address | | Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced | | |
| Name of Employer | | | | |
| Employer Address: Street | | City | State | Zip Code |
| Position/Title | | | Since | |
| Previous Employer | | | | |
| Position/Title | | | Since | |
| Name of Accountant | | Accountant Phone No. | | |
| Name of Attorney | | Attorney Phone No. | | |
| Name of Investment Advisor/Broker | | Investment Advisor/Broker Phone No. | | |
| Name of Insurance Advisor | | Insurance Advisor Phone No. | | |

PERSONAL FINANCIAL STATEMENT (con't)

CASH INCOME & EXPENDITURES STATEMENT FOR YEAR END _____ (omit cents)

| ANNUAL INCOME | AMOUNT (\$) | ANNUAL EXPENDITURES | AMOUNT (\$) |
|------------------------------------|-------------|---|-------------|
| Applicant Salary | | Federal Income and Other Taxes | |
| Co-Applicant Salary | | State Income and Other Taxes | |
| Applicant Bonuses & Commissions | | Rental Payments, Co-op or Condo Maintenance | |
| Co-Applicant Bonuses & Commissions | | Mortgage Payments/Residential | |
| Rental Income | | Mortgage Payments/Investment | |
| Interest Income | | Property Taxes/Residential | |
| Dividend Income | | Property Taxes/Investment | |
| Capital Gains | | Interest & Principal Payments on Loans | |
| Partnership Income | | Insurance | |
| Other Investment Income | | Investments (Including Tax Shelters) | |
| Other Income (List)** | | Alimony/Child Support | |
| | | Tuition | |
| | | Other Living Expenses | |
| | | Medical Expenses | |
| | | Other Expense (List) | |
| TOTAL INCOME | | TOTAL EXPENDITURES | |

Any significant changes expected in the next 12 months? Yes No (If yes, attach information).

** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or Co-Applicant does not wish to have it considered as a basis for repaying this obligation.

BALANCE SHEET AS OF (MM/DD/YYYY) _____

| ASSETS | AMOUNT | LIABILITIES | AMOUNT |
|---|--------|--------------------------------------|--------|
| Cash in this Credit Union (including Money Market Accounts, CDs) | | Notes Payable to this Credit Union | |
| Cash in Other Financial Institutions (List including Money Market Accounts, CDs) | | Secured | |
| | | Unsecured | |
| | | Notes Payable to Others (Schedule E) | |
| | | Secured | |
| | | Unsecured | |
| Readily Marketable Securities (Schedule A) | | Accounts Payable (Attache Schedule) | |
| Non-Readily Marketable Securities (Schedule A) | | Margin Accounts | |
| Accounts and Notes Receivable (Attach Schedule) | | Notes Due: Partnership (Schedule D) | |
| Net Cash Surrender Value of Life Insurance (Schedule B) | | Taxes Payable | |
| Real Estate (Schedule C) | | Mortgage Debt (Schedule C) | |
| Equipment (Schedule C) | | Life Insurance Loans (Schedule B) | |
| Affiliate Relationships& Interests (Attach Schedule) | | Other Liabilities (List): | |
| Vehicles | | | |
| Furniture & Fixtures | | | |
| Other Fixed Assets | | | |
| Intangibles | | | |
| | | | |
| | | | |
| | | TOTAL LIABILITIES | |
| TOTAL ASSETS | | NET WORTH | |

PERSONAL FINANCIAL STATEMENT (con't)

| CONTINGENT LIABILITIES | YES | NO | AMOUNT |
|---|--------------------------|--------------------------|--------|
| Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation or partnership? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do you have any outstanding letters of credit or surety bonds? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there any suits or legal actions pending against you? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are you contingently liable on any lease or contract? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are any of your tax obligations past due? | <input type="checkbox"/> | <input type="checkbox"/> | |
| What would be your total estimated tax liability if you were to sell your major assets? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes for any of the above, give details: | | | |
| | | | |

SCHEDULE A -- ALL SECURITIES (Including non-Money Market Mutual Funds)

| NO. OF SHARES (STOCK) | DESCRIPTION | OWNER(S) | WHERE HELD | COST | CURRENT MARKET VALUE | PLEGGED | |
|---|-------------|----------|------------|------|-------------------------|--------------------------|--------------------------|
| | | | | | | YES | NO |
| READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals) * | | | | | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock) | | | | | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

* If not enough space, attach a separate schedule of brokerage statement and enter totals only.

SCHEDULE B -- INSURANCE LIFE INSURANCE (Use additional sheet if necessary)

| INSURANCE COMPANY | FACE AMOUNT OF POLICY | TYPE OF POLICY | BENEFICIARY | CASH SURRENDER VALUE | AMOUNT BORROWED | OWNERSHIP |
|----------------------|--------------------------|----------------|-------------|-------------------------|--------------------|-----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| DISABILITY INSURANCE | APPLICANT | CO-APPLICANT |
|----------------------------------|-----------|--------------|
| Monthly Distribution if Disabled | | |
| Number of Years Covered | | |

PERSONAL FINANCIAL STATEMENT (con't)

SCHEDULE C – PERSONAL RESIDENCE & REAL ESTATE INVESTMENTS, MORTGAGE DEBT *(majority ownership only)*

| PERSONAL RESIDENCE PROPERTY ADDRESS | OWNER | PURCHASE YEAR / PRICE | MARKET VALUE | PRESENT LOAN BALANCE | INTEREST RATE | MATURITY DATE | MONTHLY PAYMENT | LENDER |
|--|-------|--------------------------|--------------|-------------------------|------------------|------------------|--------------------|--------|
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| INVESTMENT PROPERTY ADDRESS | LEGAL OWNER | PURCHASE YEAR / PRICE | MARKET VALUE | PRESENT LOAN BALANCE | INTEREST RATE | MATURITY DATE | MONTHLY PAYMENT | LENDER |
|--------------------------------|-------------|--------------------------|--------------|-------------------------|------------------|------------------|--------------------|--------|
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SCHEDULE D – PARTNERSHIPS *(Less than majority ownership for real estate partnerships.) **

| TYPE OF INVESTMENT | DATE OF INITIAL INVESTMENT | COST | PERCENT OWNED | CURRENT MARKET VALUE | BALANCE DUE ON PARTNERSHIPS: NOTES, CASH CALL | FINAL CONTRIBUTION DATE |
|--------------------|-------------------------------|------|---------------|----------------------------|---|----------------------------|
|--------------------|-------------------------------|------|---------------|----------------------------|---|----------------------------|

Business/Professional (indicate name):

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |

Investments (including Tax Shelters):

| | | | | | | |
|--|--|--|--|--|--|--|
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| DUE TO | TYPE OF FACILITY | AMOUNT OF LINE | SECURED YES NO | COLLATERAL | INTEREST RATE | MATURITY | UNPAID BALANCE |
|--------|------------------|----------------|-------------------|------------|------------------|----------|-------------------|
|--------|------------------|----------------|-------------------|------------|------------------|----------|-------------------|

Notes Payable

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

** Note: For investments which represent a material portion of your total assets, please include relevant financial statements or tax returns, or in the case of partnership investments or S-co S-Corporations, schedule K-1s.*

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Income tax returns filed through *(date)*: _____ Are any returns currently being audited or contested? Yes No

If yes, what year(s)? _____

2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? Yes No

If yes, please provide details: _____

3. Have you drawn a will? Yes No

If yes, please furnish the name of the executor(s) and year will was drawn: _____

4. Number of dependents (excluding self) and relationship to applicant: _____

5. Have you ever had a financial plan prepared for you? Yes No

6. Did you include three years federal and state tax returns? Yes No

7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? Yes No

If so, please indicate where, how much, and name of bank: _____

8. Do you anticipate any substantial inheritances? Yes No

REPRESENTATIONS AND WARRANTIES:

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Your Signature

Date

Co-Applicant's Signature (if you are requesting the financial accommodation jointly)

Date



BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

AppleFCU.org

P.O. Box 1208, Fairfax, VA 22038-1208 703-788-4800 Fax: 703-802-4508

GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

CERTIFICATION OF BENEFICIAL OWNER(S) *Persons opening an account on behalf of a legal entity must provide the following information:*

A. Name and Title of Natural Person Opening Account

B. Name and Address of Legal Entity for Which the Account is Being Opened:

C. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

| Name <i>(First, MI, Last, Suffix)</i> | Date of Birth <i>(MM/DD/YYYY)</i> | Address <i>(Residential or Business Street)</i> | For U.S. Persons: Social Security Number For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number* |
|--|--------------------------------------|--|--|
| | | | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person |
| | | | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person |
| | | | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person |
| | | | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person |

(If no individual meets this definition, please write "Not Applicable.")

*In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS (cont)

D. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

| Name <i>(First, MI, Last, Suffix)</i> | Date of Birth <i>(MM/DD/YYYY)</i> | Address <i>(Residential or Business Street)</i> | For U.S. Persons: <i>Social Security Number</i> For Non-U.S. Persons: <i>Passport Number and Country of Issuance, or other similar identification number*</i> |
|---|---|---|--|
| | | | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person |
| | | | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person |
| | | | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person |
| | | | <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person |

I, _____ *(name of natural person opening account)*, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature



Date (MM/DD/YYYY)

Legal Entity Identifier *(Optional)*

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

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 and click on "Get a Tax Transcript..." under "Tools" 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 tax 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 1120-A, Form 1120-H, Form 1120-L, 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 10 business 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 10 business 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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.

| | | | |
|---|---|---|---|
| / | / | / | / |
|---|---|---|---|

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, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

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

Sign Here ▶

Phone number of taxpayer on line 1a or 2a

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. 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.

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 "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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.

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: |
|--|--|
| 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 | Internal Revenue Service 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 | 855-587-9604 |
| Alabama, 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 | Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 |
| 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 | 855-800-8105 |
| 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 | Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 |
| 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 | 855-821-0094 |

Chart for all other transcripts

If you lived in or your business was in:

| | Mail or fax to: |
|--|--|
| 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, 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 | Internal Revenue Service 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 | 855-298-1145 |
| 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 | Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 |
| 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 | 855-800-8015 |

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 addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

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. 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.

 You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

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 Forms and Publications Division
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.