



# BUSINESS LOAN APPLICATION

## BUSINESS INFORMATION

Company Name \_\_\_\_\_ DBA or Franchise (If applicable) \_\_\_\_\_

Phone ( ) - \_\_\_\_\_ Fax ( ) - \_\_\_\_\_ E-Mail \_\_\_\_\_

Street \_\_\_\_\_ Suite # \_\_\_\_\_ Website \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Company Founded \_\_\_\_\_ Date of Current Ownership \_\_\_\_\_ Number of Current Locations \_\_\_\_\_

Number of Employees (Current) \_\_\_\_\_ Number of Employees (After Financing) \_\_\_\_\_ Tax Identification # \_\_\_\_\_

Type of Organization  C Corp  S Corp  LLC  LLP  LP  GP  Sole Prop. State of Organization \_\_\_\_\_

Does business currently have any plans for future locations?  Yes  No (If Yes, how many?) \_\_\_\_\_

Do sales to any one customer exceed 10% of business's annual revenue?  Yes  No

Type of Business  Service  Retail  Wholesale  Mfg.  Distribution  Other (Describe) \_\_\_\_\_

Describe products and services: \_\_\_\_\_

\_\_\_\_\_

Customer Profile/Key Clients: \_\_\_\_\_

Major Competitors: \_\_\_\_\_

## PROJECT SUMMARY

Real Estate Purchase	\$	Working Capital	\$	Business/Practice Acquisition	\$
Building Improvements	\$	Inventory	\$	Other (Describe)	\$
Equipment Purchase	\$	Debt Refinance	\$	Other (Describe)	\$
Briefly Describe Project					

## OWNERSHIP

List below all owners, partners, Limited Liability Corporation (LLC) members, and stockholders totaling 100% of ownership. For corporations identify all corporate officers regardless of ownership. For a Partnership or LLC, identify the managing /general partner or managing member. **If additional owners, check here  and attach a separate sheet.**

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have 20% ownership or controlling interest. Affiliation also exists where an individual(s) has control of the Small Business Company and another concern(s) even though the ownership of one or both is small. **If additional affiliates, check here  and attach a separate sheet.**

Company Name \_\_\_\_\_ Owned By: \_\_\_\_\_ Ownership % \_\_\_\_\_

Address \_\_\_\_\_ # Employees \_\_\_\_\_

Company Name \_\_\_\_\_ Owned By: \_\_\_\_\_ Ownership % \_\_\_\_\_

Address \_\_\_\_\_ # Employees \_\_\_\_\_



# BUSINESS LOAN APPLICATION

## BUSINESS DEBT

If additional loans and/or leases, check here  and attach a separate sheet. Please attach a separate sheet for each affiliate.

Lender	Purpose	Original Amount	Current Balance	Monthly Payment	Interest Rate	Maturity Date	Security	Status	As of Date
		\$	\$	\$				<input type="checkbox"/> Current <input type="checkbox"/> Past Due	
		\$	\$	\$				<input type="checkbox"/> Current <input type="checkbox"/> Past Due	
		\$	\$	\$				<input type="checkbox"/> Current <input type="checkbox"/> Past Due	
		\$	\$	\$				<input type="checkbox"/> Current <input type="checkbox"/> Past Due	

## ACCOUNTS RECEIVABLE / PAYABLE INFORMATION

If business (or the business/practice being acquired) has accounts receivable/payable, please attach an accounts receivable/payable summary aging report. If not available, complete the schedule below. **If the company has no accounts receivable or payable, check here  and proceed to the next section.**

Does any customer make up more than 10% of the accounts receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does any supplier make up more than 10% of the accounts payable? <input type="checkbox"/> Yes <input type="checkbox"/> No			As of Date
Days Outstanding	0 - 30	31 - 59	60 - 89	90 - 119	120 and Over	
Accounts Receivable	\$	\$	\$	\$	\$	
Accounts Payable	\$	\$	\$	\$	\$	

Figures should reconcile with most recent Tax Return or Interim Financial Statement provided to Lender

## REFERENCES AND PROFESSIONAL SERVICES

### Bank Reference:

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone Number: ( ) - \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Professionals: (if currently available) \_\_\_\_\_  
 Accounting Firm: \_\_\_\_\_ Contact \_\_\_\_\_ Phone Number: ( ) - \_\_\_\_\_  
 Attorney: \_\_\_\_\_ Contact \_\_\_\_\_ Phone Number: ( ) - \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Contact \_\_\_\_\_ Phone Number: ( ) - \_\_\_\_\_

## APPLICANT COMMENTS

### ADDITIONAL INFORMATION WILL BE REQUIRED TO COMPLETE YOUR LOAN REQUEST

Upon receipt of this application, a Seacoast Commerce Bank representative will contact you to discuss your transaction in further detail. Prior to final review of this application, your representative will request other forms or documents based on your specific loan request.

### DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT)

If your application for business credit is denied, you have the right to receive a written statement of the specific reasons for the denial. To obtain the statement, please contact Seacoast Commerce Bank, Attn: SBA Credit Administrator, 700 La Terraza Suite 110 Escondido, CA 92025 at 760-796-5544 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

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

### Seacoast Commerce Bank AUTHORIZATION TO RELEASE INFORMATION

In connection with this application for financing (and any update, extension, modification, renewal or review of such financing, if it is granted), each of the undersigned hereby: authorizes Seacoast Commerce Bank (the "Lender") to make all inquiries it deems necessary to verify the accuracy of the information provided herein and to determine my creditworthiness including, without limitation, obtaining consumer and/or business credit reports regarding me or any entity I am affiliated with. **Each of the undersigned individuals hereby acknowledges that Lender will obtain a consumer credit report concerning them.** The Lender may, at any time in its sole discretion, disclose the status of the proposed financing transaction and the credit data and other information concerning or relating to the undersigned or the proposed financing transaction to the SBA, referral sources, franchisors, vendors, loan participants, other lenders, agents and affiliates of any undersigned or the Lender. The undersigned hereby certify that the enclosed application information, including all attachments, exhibits, schedules, etc., is true, valid, accurate and complete as of the date of this application. The undersigned understands that false statements may result in the denial of the application.

APPLICANT SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

TITLE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

TITLE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

TITLE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

TITLE: \_\_\_\_\_



## BORROWER INFORMATION

This form is an integral part of the Seacoast Commerce Bank Application and should be completed by each owner, partner, or stockholder with 20% or more ownership in Applicant Company and any person or entity providing a guaranty of the loan.

### GENERAL INFORMATION

Name \_\_\_\_\_  
First Middle Initial Last

List any previous names, i.e. maiden name, alias, etc. (If additional names, please attach a separate sheet.)

Name \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
First Middle Initial Last

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

Current Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(If current < 10 yrs.)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) - \_\_\_\_\_ Fax ( ) - \_\_\_\_\_ Cell ( ) - \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If No, are you a Lawful Permanent Resident Alien?  Yes  No (If Yes, attach copy of Green Card.)

Have you, or any officer of your company, ever been involved in bankruptcy or insolvency proceedings?  Yes  No Are your business and personal taxes current?  Yes  No

Are you or your business involved in any pending lawsuits?  Yes  No Have you ever been disbarred from doing business with the U.S. Government?  Yes  No

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 their household, work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, or a Federal Agency or the participating lender?  Yes  No Have you ever been arrested, charged with, convicted of, or placed on pretrial diversion, or placed on any form of probation, including adjudication, withheld pending probation, for any criminal offense other than a minor vehicle violation?  Yes  No

### EDUCATION (Please complete or attach resume.)

Institution/Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree \_\_\_\_\_ Course of Study \_\_\_\_\_

### WORK EXPERIENCE (Last five years, if applicable. Please complete or attach resume.)

Company Name/Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title \_\_\_\_\_ Duties \_\_\_\_\_

Company Name/Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title \_\_\_\_\_ Duties \_\_\_\_\_

Company Name/Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title \_\_\_\_\_ Duties \_\_\_\_\_

### MILITARY SERVICE BACKGROUND (Please complete or attach resume.)

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

Honorable Discharge:  Yes  No Rank Upon Discharge \_\_\_\_\_ Grade \_\_\_\_\_

### PREVIOUS SBA OR FEDERAL GOVERNMENT DEBT (Requested or received. Attach a separate sheet if needed.)

Federal Agency \_\_\_\_\_  Approved  Declined Date of Loan or Application \_\_\_\_\_ Original Loan Amount \$ \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  Current  Delinquent



## BORROWER INFORMATION

This form is an integral part of the Seacoast Commerce Bank Application and should be completed by each owner, partner, or stockholder with 20% or more ownership in Applicant Company and any person or entity providing a guaranty of the loan.

### FINANCIAL INFORMATION (If married include all individual and joint assets, liabilities, and income)

ASSETS		LIABILITIES	
Cash	\$	Accounts Payable	\$
Savings/Checking Accounts	\$	Notes Payable to Banks <sup>1</sup>	\$
Securities: Stocks, Bonds.	\$	Installment Accounts	\$
Cash Value Life Insurance	\$	Loans Against Life Insurance	\$
Vehicles (all)	\$	Mortgages on Real Estate	\$
IRA and 401K (all)	\$	Unpaid Taxes	\$
Personal Property	\$	Other Liabilities	\$
Real Estate	\$	Total Liabilities	\$
Other:	\$	Net Worth:	\$
Total:	\$	Total:	\$

Describe other assets: \_\_\_\_\_

Describe other liabilities: \_\_\_\_\_

Other liabilities may include but may not be limited to items such as: loans you have endorsed, guaranteed, or co-signed; legal claims/judgements, etc....

Notes Payable to Banks and Others (If additional Notes, please attach a separate sheet)

Lender	Original Amount	Current Balance	Monthly Payment	Collateral	Pmt Frequency
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

INCOME	Monthly	Monthly	Monthly
Salary	\$	Investment Income	\$
Spouse Salary	\$	Other:	\$
Rental Income	\$	Other:	\$
EXPENSES	Monthly	Monthly	Monthly
Vehicle Loan Payments (all)	\$	Insurances (all)	\$
Student Loan Payments (all)	\$	Medical Expenses (3yr. Average)	\$
Installment Loan Payments	\$	Property Taxes	\$
Rent Expense or Condo Fee	\$	Child Care	\$
Utilities	\$	Other:	\$

Have you, or any business controlled by you ever had a loan or lease with Seacoast Commerce Bank?  Yes  No

Number of members in household including self, spouse (if applicable), and all dependents \_\_\_\_\_

<sup>1</sup> Please provide details of Notes Payable to Banks and Others below.

### REAL ESTATE HOLDINGS (If additional properties are owned, please attach a separate sheet)

Property Type	Property 1 _____	Property 2 _____	Property 3 _____
Address			
Date Purchased			
Original Cost	\$	\$	\$
Current Value	\$	\$	\$
Gross Retail Income	\$	\$	\$
	<b>1<sup>st</sup> Mortgage</b>	<b>2<sup>nd</sup> Mortgage</b>	<b>1<sup>st</sup> Mortgage</b>
Mortgage Holder			
Mortgage Balance	\$	\$	\$
Mortgage Payment	\$	\$	\$
Mortgage Status	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due	<input type="checkbox"/> Current <input type="checkbox"/> Past Due

#### SEACOAST COMMERCE BANK AUTHORIZATION TO RELEASE INFORMATION

In connection with this application for financing (and any update, extension, modification, renewal or review of such financing, if it is granted), each of the undersigned hereby: authorizes Seacoast Commerce Bank (the "Lender") to make all inquiries it deems necessary to verify the accuracy of the information provided herein and to determine my creditworthiness including, without limitation, obtaining consumer and/or business credit reports regarding me or any entity I am affiliated with. **Each of the undersigned individuals hereby acknowledges that Lender will obtain a consumer credit report concerning them.** The Lender may, at any time in its sole discretion, disclose the status of the proposed financing transaction and the credit data and other information concerning or relating to the undersigned or the proposed financing transaction to the SBA, referral sources, franchisors, vendors, loan participants, other lenders, agents and affiliates of any undersigned or the Lender. The undersigned hereby certify that the enclosed application information, including all attachments, exhibits, schedules, etc., is true, valid, accurate and complete as of the date of this application. The undersigned understands that false statements may result in the denial of the application.

APPLICANT SIGNATURE: \_\_\_\_\_ APPLICANT DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ APPLICANT SOCIAL SECURITY #: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE SIGNATURE: \_\_\_\_\_ SPOUSE DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ SPOUSE SOCIAL SECURITY #: \_\_\_\_\_ DATE: \_\_\_\_\_

(Spouse signature and Social Security number required to verify combined assets & liabilities as specified by community property laws. Spouse's signature on this page does not mean that the spouse is a co-applicant unless the spouse also signs as an Applicant on page 2 of the Business Loan Application)



# ENVIRONMENTAL QUESTIONNAIRE

This Environmental Questionnaire is for the Lender's information. We suggest that you review the entire form before beginning to complete it. If you should need additional space to complete any question, please attach a sheet and number your response corresponding to the question number on this form.

1. Address of subject property			
2. Name of current property owner(s) and operator(s).			
3. Describe the type(s) of business(es) operated and to be operated by the Applicant and all tenants on the property.			
4. Describe the type(s) of business(es) operated and to be operated on the property if Applicant is not the only operator and/or tenant.			
5. To the best of your knowledge, describe the past use(s) of, or businesses operated on, the property.			
6. Did or does the Applicant, current owner or any tenant have in the past, now have, or plan to obtain, an environmental permit? <b>If yes, attach list of the type of permits, expiration date(s), and copies of the permits.</b> If any such permit has expired or is otherwise no longer in effect, also indicate the reason(s) why. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</span>			
7. Are you aware of any citations, claims, complaints, notices of violations, correspondence with governmental agencies, or internal correspondence regarding or relating to the release, threatened release, or cleanup of hazardous substances or any other environmental violation or problem at this property by the previous or current owner(s) or tenant(s)? If yes, attach an explanation of your knowledge of such notices and/or correspondence. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (as to previous owner(s) or tenant(s))</span>			
8. To the best of your knowledge, describe the past uses of all properties adjacent to this property, the current uses of the properties, and the planned uses of the properties (if different from current uses).			
North	Past:	Current:	Future:
South	Past:	Current:	Future:
East	Past:	Current:	Future:
West	Past:	Current:	Future:
<b>Please provide additional information on a separate sheet describing information where the question was answered "Yes."</b>			
9. Are there currently or have there been previously stored on the property, or otherwise used in connection with the property, any of the following:			
• Any drums or containers of chemicals greater than 5 gallons	Currently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
• Underground or above ground storage tanks	Currently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
• Asbestos or lead based paints or coatings	Currently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
10. Is there now or has there been previously any of the following on or leaking from or to the property:			
• Oily films on standing water or unusual odors?	Currently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
• Dying or dead vegetation?	Currently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
• Stains or discoloration on or around soil, concrete, flooring, walls, or drains?	Currently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
11. Are there now or have there ever been any ground water monitoring wells on the property? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</span>			
12. Has an environmental assessment ever been performed on the property? If yes, please attach. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</span>			
13. Are you aware of or has there been any environmental litigation, administrative action, or environmental clean up or remediation action related to a release or threatened release of any chemicals, hazardous substance, petroleum product, or other environmental problem or issue involving the property or an adjacent property <span style="float: right;">Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</span>			
14. Are there currently any septic systems, dry wells, leach fields, wastewater pits, ponds, or lagoons on the property? (If yes, describe) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</span>			
14(a). If yes to 14, have chemicals, hazardous substances, or petroleum products ever been discharged into these systems? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</span>			
15. Have any demolition debris, hazardous substances, petroleum products, waste materials, waste piles, automotive or industrial batteries, tires, trash, or refuse been stored, dumped, buried, and/or burned on the property? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</span>			
16. Is there a transformer, capacitor, or any hydraulic equipment on the property? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</span>			
SIGNATURE OF APPLICANT:			DATE:
PRINTED NAME OF APPLICANT			TITLE OF APPLICANT:
<b>ACKNOWLEDGEMENT OF OWNER/OPERATOR (IF NOT THE APPLICANT)</b> Each of the undersigned, as a current owner or operator of the subject property described in the attached Environmental Questionnaire agrees that, to my knowledge, the information set forth in such Environmental Questionnaire is materially true, accurate, and complete.			
SIGNATURE OF CURRENT OWNER/OPERATOR:			DATE:
PRINTED NAME OF CURRENT OWNER/OPERATOR:			TITLE OF CURRENT OWNER/OPERATOR

# PROJECTION SPREAD SHEET

Profit & Loss Projection													
Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
Sales: Gross													
Cost of Sales													
<b>Gross Profit</b>													
Expenses													
Officer Salaries													
Wages													
Rent-Property													
Rent-Equip													
Auto/Truck Exp													
Office Supplies													
Advertising													
Telephone & Utilities													
Bad Debts													
Taxes/Licenses													
Depreciation													
Repairs/Maintenance													
Accounting/Legal													
Interest													
Interest-Other													
Insurance													
Office Expense													
Royalties													
Miscellaneous													
R & D													
<b>Total Expenses</b>													
Net Profit													
Break Even													



**Request for Transcript of Tax Return**



(Rev. April 2006)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

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

**Caution:** If a third party requires you to complete Form 4506-T, do not sign Form 4506-T if lines 6 and 9 are blank.

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

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .

c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

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

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in 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.

**Note.** If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501  978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362  678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888  559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999  816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695  215-516-2931

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695  215-516-2931

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



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

**Please Read Carefully - Print or Type**

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

1. By the proprietor, if a sole proprietorship.
2. By each partner, if a partnership.
3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

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 _____	2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company	Social Security No. _____
	3. Date of Birth (Month, day, and year)	
	4. Place of Birth: (City & State or Foreign Country)	
	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: _____	

Name and Address of participating lender or surety co. (when applicable and known)	
6. 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:

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

**IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED 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 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.**

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.)	
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	
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	
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:** 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 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> 11. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 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.)
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**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 retrievable 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 this information 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 56 Fed. Reg. 8020 (1991) for other published routine uses.