

SMALL BUSINESS LOAN APPLICATION

This checklist is provided to assist in gathering the necessary information needed for the initial evaluation of your loan request. Complete information is necessary to process your application. All applicable forms are provided herewith. If there are any questions concerning this information, please do not hesitate to call your loan officer.

COMPLETE ALL ATTACHED FORMS

DOCUMENTS REQUIRED FOR SBA BUSINESS LOAN

- History of Business and Benefits of Loan**
Provide a narrative of the business containing as much information as possible about start up, ownership, nature of the business and its products/services, marketing and customer profile, major past accomplishments, long term goals, etc. Be sure to explain how the loan for which you are applying will benefit your business. Pictures, brochures or advertisements, a list of key customers and major competitors are helpful exhibits to attach. **(See attached form)**
 - o ***(For a new business, this information IS REQUIRED and should be in the form of a Business Plan and/or Feasibility study.)**

- Business Financial Statements**
Provide the **last (3) three fiscal years** and copy of **Balance Sheets and Income Statements Year to Date**.
 - o Subject property
 - o All companies Borrower owns more than 20% equity.

- Accounts Receivable and Accounts Payable Aging**
Provide aging as of the current interim financial statement.

- Schedule of Business Debt**
Provide a current business debt schedule as of the current interim financial statement. **(See attached form)**

- Business Tax Returns**
Last (3) three fiscal years complete copies with all schedules.
 - o Subject Business to be Purchased
 - o All companies Borrower owns more than 20% equity.

- Projected Income Statement**
Provide projections by month for a minimum of (1) one year if loan proceeds will be used for expansion or if business cycle is seasonal, or if trends are erratic. Projections must include detailed assumptions. (See attached form)
 - o **Start up business requires a (2) year monthly projections of Income/Expenses with assumptions. (see attached form)**

- Personal Financial Statement**
Provide current statements within 45 days on all owners, partners, officers, directors, guarantors, and stockholders with 20% or more stock ownership. **(See attached form)**

- Personal Tax Returns**
Provide complete copies with all schedules for the **last (3) three years** on all owners, partners, officers, directors, guarantors, and stockholders with 20% or more stock ownership.

- Management Resume**
Provide on all owners, partners, officers, directors, guarantors, and stockholders of record. ***Specific attention to be provided to experience in same industry as business being purchased or newly started. (See attached form.)**

- Articles of Incorporation/Organization (filed copies), Bylaws (if applicable, amendments), Certificate of Incorporation/Organization, Assumed Name Certificate, and/or Partnership Agreement**

- Affidavit of Ownership/Authority (see attached form)**

- Request for Copy or Transcript of Tax Return (see attached IRS Form 4506-T) sign**

- Source of Capital Injection (see attached form)**

Other: _____

FOR BUSINESS REAL ESTATE LOANS

- Purchase Contract/Buy-Sell Agreement**
For purchase of real estate, equipment, improvements: provide a copy of the signed contract and all exhibits/addenda.
- New Construction**
Provide a copy of the construction contract and a copy of the plans/specs for the project. If in the planning stages, provide a copy of the initial projected cost analysis. Provide construction bids and budgets as well as information on contractor.
- Refinancing**
Provide a complete copy of ALL the note(s) and Deed(s) of Trust on the real estate to be refinanced.
- Appraisal**
Provide a copy of the most recent real estate appraisal and/or the most recent tax appraisal.

- Environmental Questionnaire (see attached form)**
 - o Provide any Environmental Reports available

FOR BUSINESS EQUIPMENT LOANS

- Purchase Order or Invoice**
Provide a copy of the purchase order or invoice for machinery or other equipment to be purchased. If the proposed purchase is in the preliminary planning stage, provide a copy of the quote(s).
- Refinancing**
Provide a complete equipment list with serial numbers of all currently owned machinery or other equipment. In addition, provide a complete copy of the note(s) on machinery or other equipment to be refinanced.

FOR BUSINESS ACQUISITION LOANS

- Purchase Contract/Buy-Sell Agreement**
Provide a copy of the signed contract and all exhibits/addenda. The contract should provide for the allocation of the purchase price.
- Business Financial Statements**
Provide complete copies of Seller's Balance Sheets and Income Statements, Current Year to date and for the (3) last three fiscal years.
- Business Tax Returns**
Provide complete copies of Seller's Tax Returns for the last (3) three fiscal years.
- Request for Copy or Transcript of Tax Return (IRS Form 4506-T)**
This form is to be signed by the seller. (See attached form)

OTHER

- Authorization To Release Information**
This form **Must be signed** by all owners, partners, officers, directors, guarantors, and stockholders of record. (see attached form)
- Lease(s)**
Provide a copy of your existing lease(s) and/or proposed lease(s) as applicable, including all exhibits/ addenda.
Provide a current Rent Roll
- Franchise Agreement and Uniform Franchise Offering Circular**
Provide a copy of these documents as provided by the franchisor.
- Affiliate(s)**
Provide complete copies of Business Tax Returns with all schedules for the last (3) three fiscal years and a current financial statement within 45 days on affiliate(s).
- Copy of Driver's License, Social Security Card or Green card**
- Photos of Property**
- Survey**
- Title Information**

LOAN REQUEST FORM**APPLICANT COMPANY**

Company Name _____
 DBA (if applicable) _____
 Name of Franchise (if applicable) _____
 Telephone _____
 Fax _____
 Address _____
 City, State, Zip _____
 Email Address _____
 Date Established _____
 Tax ID# _____
 State of Incorporation or Organization _____
 State Organization number _____

Is the Applicant Company:

the Operating Entity, or Real Estate Holding Company

Type of Applicant Company

S-Corporation C-Corporation Sole Proprietorship
 General Partnership Limited Liability Corporation
 Limited Partnership or Limited Liability Partnership

of Employees: Existing _____
 After this Financing _____
 Affiliates _____

Have you or any business controlled by you, ever had a lease or loan with UCB?

Yes No

If yes, please describe type of transaction, amount, and term.

OWNERSHIP OF APPLICANT COMPANY

List below all owners, partners, LLC members, and stockholders totaling 100% of ownership.

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Social Security Number _____
 Most recent date of acquisition of any ownership interest _____

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Social Security Number _____
 Most recent date of acquisition of any ownership interest _____

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Social Security Number _____
 Most recent date of acquisition of any ownership interest _____

(If additional owners, please attach separate sheet.)

AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have 20% ownership or controlling interest. *

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Number of Employees _____

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Number of Employees _____
 (If additional affiliates, please attach a separate sheet.)

* Affiliation does also exist where an individual(s) has control of the Small Business Company and another concern(s) even though the ownership on one or both is small.

SUMMARY OF PROJECT COSTS AND EQUITY

Project Costs by Category

Dollar Amount

Real Estate Acquisition (land and building)

Real Estate Acquisition (land only)

Renovations / New Construction

Purchase / Repair of Equipment

Purchase Inventory

Working Capital

Refinance Debt (Photocopies of notes must be provided)

Purchase Existing Business

Other:

Other:

Other

ESTIMATED TOTAL PROJECT COST

Less: Capital / Equity from Borrower (*complete section below*)

EQUALS: LOAN REQUEST

Sources of Capital / Equity Injection

1. Bank Account (Please attach statement)

2. Sale of Assets (Please attach details)

3. Loans / Gifts from family or other persons

4. Other:

TOTAL CAPITAL / EQUITY TO BE INJECTED

HISTORY OF BUSINESS

(Use a separate sheet to answer questions if necessary)

BACKGROUND AND HISTORY OF COMPANY/BUSINESS (Including Business to be Acquired)

NATURE OF BUSINESS, TYPES OF PRODUCTS/SERVICES

CUSTOMER PROFILE

LIST KEY CUSTOMERS

LIST MAJOR COMPETITORS

MAJOR PAST ACCOMPLISHMENTS

FUTURE EXPANSION

Does your company currently have plans for future expansion?

Number of Locations? _____

Over What Period of Time? _____

How many new company locations are planned for this market?

HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTUNITIES?

Signature: _____ Date: _____

PROFIT AND LOSS PROJECTION

Company Name:

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	TOTAL
Sales: Cash													
Credit													
Total Sales													
Cost of Sales													
Gross Profit													
Officer Salary (ies)													
Wages													
Rent-Property													
Rent-Equipment													
Auto/Truck Expenses													
Office Supplies													
Advertising													
Telephone & Utilities													
Bad Debts													
Taxes/Licenses													
Depreciation													
Repairs/Maintenance													
Accounting/Legal													
Interest													
Insurance (all)													
Office Expenses													
Royalties													
Miscellaneous													
Other													
Total Expenses													
Net Profit													

Please attach assumptions to this projection

Signature: _____

Date: _____

Return Executed Copies 1, 2, and 3 to SBA



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 TRIPPLICATE 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. <div style="display: flex; justify-content: space-between;"> First Middle Last </div>	2. Give the percentage of ownership or stock 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)	

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:
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6. Present residence address: From: To: PRESENT Address: Home Telephone No. (Include A/C): Business Telephone No. (Include A/C):	Most recent prior address (omit if over 10 years ago): From: To: Address:
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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?
 Yes 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.)
 Yes 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?
 Yes 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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Agency Use Only 11. <input type="checkbox"/> Fingerprints Waived <div style="text-align: right;">Date _____ Approving Authority _____</div> <input type="checkbox"/> Fingerprints Required <div style="text-align: right;">Date _____ Approving Authority _____</div> Date Sent to OIG _____ Date _____ Approving Authority _____	12. <input type="checkbox"/> Cleared for Processing <div style="text-align: right;">Date _____ Approving Authority _____</div> 13. <input type="checkbox"/> Request a Character Evaluation (Required whenever 7, 8, or 9 are answered "yes" even if cleared for processing.) <div style="text-align: right;">Date _____ Approving Authority _____</div>
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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.**
SBA 912 (10-03) SOP 5010.4 Previous Edition Obsolete



PERSONAL FINANCIAL STATEMENT

OMB APPROVAL NO. 3245-0188
EXPIRATION DATE: 11/30/2004

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others	\$
IRA or Other Retirement Account	\$	(Describe in Section 2)	
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$
Stocks and Bonds	\$	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$
Real Estate	\$	Mortgages on Real Estate	\$
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$	Unpaid Taxes	\$
Other Personal Property	\$	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$
Other Assets	\$	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$
Total	\$	Net Worth	\$
		Total	\$

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)					
	Property A	Property B	Property C		
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year					
Status of Mortgage					
Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)					
Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)					
Section 7. Other Liabilities. (Describe in detail.)					
Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)					
I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).					
Signature:		Date:	Social Security Number:		
Signature:		Date:	Social Security Number:		
PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.					

PERSONAL CASH FLOW STATEMENT

NAMES: _____

Provide the following information regarding sources and uses of personal cash during the most recent calendar year and your projections for the current year and the next year. Explain any cash flow deficit.

TYPE: Individual Joint **BASIS:** Monthly Annual

SOURCES OF CASH	Last Year	Current Year	Next Year
Salaries/Wages (net of deductions)	_____	_____	_____
Commissions / Bonuses (net of deductions)	_____	_____	_____
Rental Income	_____	_____	_____
Dividend Income	_____	_____	_____
Interest Income	_____	_____	_____
Distributions from Estates & Trusts	_____	_____	_____
Cash Received from Individual Business(es), Partnership(s), or Joint Ventures	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
TOTAL INCOME/CASH	_____	_____	_____

USES OF CASH

Bank Loans (Principal & Interest)	_____	_____	_____
Other Loans (Principal & Interest)	_____	_____	_____
Personal Housing Expense (Mortgage or Rent)	_____	_____	_____
Mortgage Loans (P&I) (Not including personal residence)	_____	_____	_____
Insurance	_____	_____	_____
Income Taxes not covered by withholding	_____	_____	_____
Utilities-Electric, Gas, Water, Telephone	_____	_____	_____
Personal Expenses (Food, Clothing, Entertainment, etc.)	_____	_____	_____
Credit Cards and other revolving debt	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
TOTAL CASH OUTLAYS	_____	_____	_____
CASH FLOW SURPLUS (Deficit)	_____	_____	_____

The undersigned certifies that the information provided herein is true and correct.

Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

MANAGEMENT RESUME

All owners, partners, directors, stockholders, and key managers should complete this form. Please fill in all spaces, use full first, middle, maiden and last names.

Please indicate if an item is not applicable.

PERSONAL

Name _____
 First Middle Maiden Last

EDUCATION

Type of Degree _____
 Name & Location of Institution _____
 Dates From/To _____
 Major _____
 Did You Graduate? Yes No

Type of Degree _____
 Name & Location of Institution _____
 Dates From/To _____
 Major _____
 Did You Graduate? Yes No

Type of Degree _____
 Name & Location of Institution _____
 Dates From/To _____
 Major _____
 Did You Graduate? Yes No

MILITARY SERVICE BACKGROUND

Branch _____
 Dates From/To _____
 Honorable Discharge? _____
 Rank at Discharge _____

WORK EXPERIENCE

Are you employed by the U.S. Government? Yes No
 Agency/Position _____
 Grade _____
 Dates From/To _____
 Title _____
 Duties _____

OTHER WORK EXPERIENCE

Dates From/To _____
 Title _____
 Duties _____
 Company Name/Location _____

Dates From/To _____
 Title _____
 Duties _____
 Company Name/Location _____

PREVIOUS SBA OR OTHER FEDERAL GOVERNMENT DEBT

Complete the following if you or any principals or affiliates have

- 1) ever requested Government Financing or
- 2) are delinquent on the repayment of any Federal Debt

Name of Agency	Original Amount of Loan	Date of Request	Approved or Declined	Balance	Current or Past Due

- Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please furnish details in a separate exhibit. Yes No
- Are you or your business involved in any pending lawsuits? If yes, furnish details in a separate exhibit. 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 households, work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, or a Federal Agency, or the participating lender? If yes, please provide the name and address of the person and the office where employed in a separate exhibit. Yes No
- Have you ever been disbarred from doing business with the U.S. Government? Yes No
- Are all your business and personal taxes current? Yes No
- Does your business currently engage in Export Trade? Yes No
- Do you plan to begin exporting as a result of this loan? Yes No

Signature _____ Date _____

SMALL BUSINESS LENDING – 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 _____ 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 individual 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., are valid, accurate and complete.

All owners including stockholders with 20% or more ownership interest, partners, directors and guarantors must sign this form (spouses should sign when applicable).

Company	_____	Company	_____
Name	_____	Name	_____
Title	_____	Title	_____
Home Address	_____	Home Address	_____
Social Security Number	_____	Social Security Number	_____
Date	_____	Date	_____
Signature	_____	Signature	_____

Company	_____	Company	_____
Name	_____	Name	_____
Title	_____	Title	_____
Home Address	_____	Home Address	_____
Social Security Number	_____	Social Security Number	_____
Date	_____	Date	_____
Signature	_____	Signature	_____

Company	_____	Company	_____
Name	_____	Name	_____
Title	_____	Title	_____
Home Address	_____	Home Address	_____
Social Security Number	_____	Social Security Number	_____
Date	_____	Date	_____
Signature	_____	Signature	_____

Form **4506-T**

Request for Transcript of Tax Return

(Rev. January 2008)

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: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

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

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

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

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

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

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

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

General Instructions

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

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

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	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
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	816-292-6102

Chart for all other transcripts

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

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

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

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

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice

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

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

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

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

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

SCHEDULE OF REAL ESTATE OWNED

Borrower:										CASH FLOW				Ownership Entity	
Proposed status changes in the near future (sale, exchange, rental composition, etc.) should be described in remarks section. If percentage of ownership in any property is less than 100%, indicate other owners and their % in remarks section.										Monthly Rents	Monthly Mtg. Pmt.	Taxes, Ins., Maintenance	Net Rental Income		
Property Address			Property Type	% of Ownership	Acq. Date	Market Value	Mortgage Liens	Date Loan Due	Name of Mortgage Lender	Loan Number					
Status					Cost										
				%	Date:	\$	1st				\$	\$	\$	\$	
Owner Occupied			Rental		Cost:		2nd				\$				
Pending Sale			Sold												
				%	Date:	\$	1st				\$	\$	\$	\$	
Owner Occupied			Rental		Cost:		2nd				\$				
Pending Sale			Sold												
				%	Date:	\$	1st				\$	\$	\$	\$	
Owner Occupied			Rental		Cost:		2nd				\$				
Pending Sale			Sold												
				%	Date:	\$	1st				\$	\$	\$	\$	
Owner Occupied			Rental		Cost:		2nd				\$				
Pending Sale			Sold												
				%	Date:	\$	1st				\$	\$	\$	\$	
Owner Occupied			Rental		Cost:		2nd				\$				
Pending Sale			Sold												
				%	Date:	\$	1st				\$	\$	\$	\$	
Owner Occupied			Rental		Cost:		2nd				\$				
Pending Sale			Sold												
TOTALS						\$	TOTALS				\$	\$	\$	\$	

THIS SCHEDULE IS TO BE ATTACHED TO AND MADE A PART OF MY LOAN APPLICATION. SIGNED _____ DATE: __/__/__

SOURCE OF CASH INJECTION

Note: Before a loan application can be processed, it is necessary to establish the source and present location of the funds intended to be invested in a business. SBLs may withdraw the loan request if a change in source of funds in this statement is noted.

Please identify the sources of your equity injection. In addition, please supply verification of each source.

INCOME	VERIFICATION	AMOUNT
Checking/Savings		_____
Land Equity		_____
Retirement/401k		_____
Early Inheritance		_____
Home Equity		_____
Monies Already Invested		_____
Other (Specify Below)*		_____
TOTAL EQUITY INJECTION:		_____

OTHER* - Provide detailed explanation:

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Environmental Questionnaire

Borrower Name: _____

Telephone: _____

Contact Person: _____

Telephone: _____

Person Completing Environmental Questionnaire: _____

Telephone: _____

Questionnaire Completion Date: _____

Property Address: _____

1. Is the subject property presently used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)? No Yes

If yes, please describe

2. Has the subject property ever been used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)? No Yes

If yes, please describe

3. Is the subject property structure a multi-tenant (10+ units) residential dwelling, nursing home or day care center constructed prior to 1978? If yes please describe No Yes

4. Is there historical or archeological significance in the subject property? No Yes

5. Is the subject property structure to be significantly renovated or demolished? N/A No Yes

6. Is there Asbestos Containing Material (ACM) in the building materials of the subject property structure? No Yes

7. Are any of the properties on any side of the subject property presently used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)? If yes, please describe: No Yes

North: _____

South: _____

East: _____

West: _____

(If a road/street abuts any side of the subject property, please identify the land use beyond the road/street)

- | | | | |
|-------|---|----|-----|
| 8. | Have any of the properties on any side of the subject property ever been used as an industrial use facility (including gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills and auto repairs)? If yes, please describe: | No | Yes |
| <hr/> | | | |
| <hr/> | | | |
| 9. | Are there any transformers or other stationary hydraulic equipment on the subject property which are owned by the property owner? | No | Yes |
| 10. | Are there underground storage tanks (UST's) currently on the subject property? If yes, attach copies of the registration, spill insurance certificate, recent tank and line tightness test results (within last six months) and verification that UST's meet all current compliance requirements. | No | Yes |
| 11. | Have UST's ever been removed from the subject property or abandoned in place? If yes, state the year removed and attach a copy of all removal documents and the "No Further Action" letter issued by the State Fire Marshall's Office. | No | Yes |
| 12. | Are there currently or have there ever been any fill pipes, vent pipes or access ways protruding from the ground on the subject property that would indicate the presence of a UST or former UST/ | No | Yes |
| 13. | Are there above ground storage tanks (AST's) without secondary containment on the subject property? | No | Yes |
| 14. | Is the subject property registered with the EPA regarding any permits or for hazardous waste generation, treatment, storage or disposal? If yes, attach a copy of permit, registration, and/or ID. # respectively. | No | Yes |
| 15. | Is any hazardous waste including petroleum products currently being treated or dispensed at the subject property? If yes, describe the type and method of treatment, storage and/or disposal. | No | Yes |
| <hr/> | | | |
| <hr/> | | | |
| 16. | Is any hazardous waste including petroleum products currently being disposed of off-site? If yes, attach a copy of the most recent waste manifest for the disposed waste. | No | Yes |
| 17. | Has any hazardous waste including petroleum products ever been disposed of on or off-site? If yes, attach a copy of the most recent manifest and the borrower's Hazardous Waste T.D.# and describe waste(s) disposed of. | No | Yes |
| <hr/> | | | |
| <hr/> | | | |
| 18. | Are there any present/past enforcement actions by a regulatory agency for the subject property? If yes, describe: | No | Yes |
| <hr/> | | | |
| <hr/> | | | |

19. Are there any existing environmental liens, lawsuits, administrative actions or environmental easements Associated with the use of the subject property? If yes, describe:

No Yes

20. Are there now or have there ever been pits, ponds or lagoons used for dumping wastes located on the subject property? If yes, describe:

No Yes

21. Are there any groundwater monitoring wells (for groundwater contamination) located on the subject property? If yes, state how many and describe their purpose:

No Yes

22. Does the subject property discharge waste (or wastewater) to an on-site sewer, on-site septic system, ditch or other waterway? If yes, state the nature of the discharge and attach a copy of the permit.

No Yes

23. Are there any outstanding Fire and/or Health Department violations for the subject property? If yes, describe:

No Yes

24. Does the subject property have any Wetlands?

No Yes

25. Is the subject property or portion thereof used for agriculture?

No Yes

Visual Inspection:

1. Is there any evidence that chemicals are used in the operation of the facility?

No Yes

2. Are there any discarded chemical containers on the property?

No Yes

3. Are there any waste piles of any type (ask about buried waste and the presence of underground storage tanks)?

No Yes

4. Is there any evidence of distressed vegetation of non-vegetative areas?

No Yes

5. Is there evidence of oily films on standing water?

No Yes

6. Is there evidence of any discolored soils?

No Yes

7. Are there any unusual odors?

No Yes

Person Completing Questionnaire: _____ Date Completed: _____

Property Owner