



SMALL BUSINESS LOAN APPLICATION CHECKLIST

This checklist has been provided to assist you through the process of gathering the information for the initial evaluation of your loan request. Complete information will be necessary to process your application. All forms are provided herein unless otherwise noted:

- Small Business Loan Request Form
- Source of Injection
- Business Debt Schedule
- Joint Application Acknowledgement
- Management Resume Form (Required for each principal)
- Personal Financial Statement (Required for each principal)
- IRS Form 4506C (Required for borrower and each principal)

In addition, the following documents are required:

Business Items

- Business Tax Returns for the three prior years
- Business Financial Statements (must include profit & loss and balance sheets) for the 3 prior years
- Interim Business Financial Statement (must include profit & loss and balance sheets), less than 60 days old
- Two Years Projections of Profit & Loss, including Month-by-Month Projections for one year
- Business Plan (if start-up, business acquisition or expansion)
- Accounts Receivable and Accounts Payable Aging Schedules — as of the same date as the profit and loss statements and balance sheets (if applicable)

Personal Items

- Personal Tax Returns for the three prior years
- Most recent W2 for each Principal

Case by Case Items

- Business / Commercial Real Estate Purchase Agreement / Letter of Intent to Purchase (if applicable)
- Debt Refinance Questionnaire (available if applicable)
- Copy of each original Note and Security Agreement for Refinance (available if applicable)
- Debt Refinance Transaction History (available if applicable)
- Historical Financial Information on the business being acquired (if applicable)
- Construction Documentation per the Construction Letter (available if applicable)
- Construction Cost Breakdown (if applicable)
- Contractor Qualification Statement (if applicable)
- FDD - Franchise Disclosure Document (if applicable)
- Executed Franchise Agreement or Letter of Approval from Franchisor (if applicable)
- Lease Agreement (if applicable)
- Equipment List of all Business Personal Property



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SMALL BUSINESS LOAN REQUEST FORM

APPLICANT COMPANY

Company Name: _____ DBA Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Contact: _____ Phone Number: _____

Business Website: _____ Email: _____

Type of Entity: Corporation LLC Partnership Sole Proprietorship

Number of Employees: Existing _____ After Loan _____

Date Business Established: _____ Business Tax ID Number _____

Company Description / Nature of Business? _____

Type of Products / Services? _____ Is your business seasonal? _____

How Will This Loan Benefit Your Company? _____

OWNERSHIP OF APPLICANT COMPANY

List below all owners, co-owners, and stockholders of the business (100% ownership breakdown required)

NAME	TITLE	% of OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ESTIMATED PROJECT COSTS

Land Acquisition	\$ _____
New Building Construction	\$ _____
Building Acquisition	\$ _____
Building Improvements or repairs	\$ _____
Construction Soft Costs	\$ _____
Machinery & Equipment	\$ _____
Inventory	\$ _____
Working Capital	\$ _____
Acquisition of a Business (stock or asset)	\$ _____
Debt Refinance	\$ _____
Franchise Fee	\$ _____
TOTAL PROJECT AMOUNT	\$ _____
LESS CASH/EQUITY TO BE INJECTED (Must be Negative #)	\$ _____
TOTAL ESTIMATED LOAN REQUEST	\$ _____

Bank will estimate and add in closing costs and 10% construction contingency

ADDITIONAL BUSINESS INFORMATION

Has an application for the requested loan ever been submitted to the SBA, a lender of a Certified Development Company, in connection with any SBA Program? Yes No

Is the business presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency? Yes No

Does the Business operate under a Franchise/License/Distributor/Membership/Dealer/Jobber or other type of Agreement? -If yes, please provide the Franchise Agreement and the Franchise Disclosure Document (FDD), or similar other documentation. Yes No

Does the Business have any Affiliates? If yes, list under Affiliates and provide current financial statements and tax returns for each. Yes No

List below all business concerns in which the Applicant Company or any of the individuals have a controlling interest.

Company Name	Principal Name, Type of Ownership	% of Ownership
		%
		%
		%
		%

Has the Business and/or its Affiliates ever filed for bankruptcy protection? Yes No

Is the business and/or its Affiliates presently involved in any pending legal action? Yes No

Does the business and/or its Affiliates have previous SBA or other Federal Government Debt? Yes No

- If yes, provide the following information
- Name of Agency (SBA, etc.) _____
- Loan Number _____
- Date of Request _____
- Original Amount \$ _____
- Outstanding Balance \$ _____
- Status (current/past due, etc.) _____

Are any of the Business's products and/or services exported or is there a plan to begin exporting as a result of this loan? Yes No

Are any of the Small Business Applicant's revenues derived from gambling, loan packaging, or from the sale of products or services, or the presentation of any depiction, displays or live performances, of a prurient sexual nature? Yes No

Does the business owe any past taxes? Yes No

Are you aware of any business credit report problems such as slow pays, charge offs or judgements, etc? Yes No

If any question above is answered yes, please attach a full description

Applicant Signature: _____ **Date:** _____



SOURCE OF INJECTION

SOURCE OF FUNDS

AMOUNT OF FUNDS

1. Cash in Business Checking/Savings Account \$
Name on Account:
Name of Bank:
Account #:

*Funds must be documented by 2 months of account statements (seasoned).

2. Cash in Personal Checking/Savings Account \$
Name on Account:
Name of Bank:
Account #:

*Funds must be documented by 2 months of account statements (seasoned).

3. Gift Letter \$
Name of Gifter:

*Gift funds must be documented with gift letter, copy of gift check and 2 months of account statements from gifter. Gift funds may not be loaned (paid back).

4. Loan or HELOC \$
Name of Lender:
Loan Amount:
Loan Payment:

*Loan funds must be included in the debt service (business must be able to service this debt plus new SBA debt).

5. Sale of Investments / Assets \$

*Must provide proof of sale proceeds (settlement statement) and sale must be completed prior to closing.

6. Business Assets (already obtained) being transferred to this business \$
Details:

7. Other \$
Details:

TOTAL EQUITY INJECTION / DOWN PAYMENT \$

Other information about source of funds:

Three horizontal lines for additional information.

I hereby certify that the information contained in this document is true and correct.

Applicant Signature: Date:



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BUSINESS DEBT SCHEDULE

BUSINESS NAME: _____ **DATE:** _____

This schedule should list loans, contracts and notes payable, not accounts payable or accrued liabilities. It should correspond to your interim balance sheet. If no debt, fill out the top portion and write "NONE" in the section below and sign it at the bottom.

CREDITOR NAME & ADDRESS	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT INTEREST	MONTHLY PAYMENT	MATURITY DATE	COLLATERAL / SECURITY	CURRENT STATUS	CURRENT BALANCE

Applicant Signature: _____ **DATE:** _____



**American National
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JOINT APPLICATION ACKNOWLEDGMENT

If there is to be more than one **applicant**, the Joint Application Acknowledgment must be completed by all applicants. This document must be completed before any formal decision can be rendered on the application.

Joint Intent is only required when there will be more than one applicant. For example, if the real estate will be held by one entity and the business is another separate entity, the Joint Application Acknowledgment will be required.

Another example is a situation where the business is applying for a debt refinance but the note is in the name of another person/entity. In this situation, the Joint Application Acknowledgment will be required.

APPLICANT(S):

We, the undersigned, intend to apply for joint credit.

Name	Title

Date: _____

Name	Title

Date: _____

Name	Title

Date: _____

Name	Title

Date: _____



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MANAGEMENT RESUME FORM

Complete for each owner in the company, any spouse with ownership and all key managers

Name _____ SS# _____
First Middle Maiden Last

Email Address: _____ Phone Number: _____

Date of Birth: _____ Place of Birth (city and State or Country): _____ Ownership %: _____

U.S. Citizen? Yes No Lawful Permanent Resident? Yes No If yes, provide Permanent Resident Card

Residence Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Lived in previous address from _____ to _____
Month and Year Month and Year

* Spouse's Name _____ SS# _____
First Middle Maiden Last

Work Experience - List chronologically for the past 7 years, beginning with present employment
You may attach a resume if one has already been completed. All other information on this form is required.

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

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

Education

College or Technical Training Name/Location	Dates Attended From/To	Major	Degree or Certificates
_____	_____	_____	_____
_____	_____	_____	_____

- Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? **(If yes, the loan is ineligible)** Yes No
- Have you been arrested in the last 6 months for any criminal offense? Yes No
- For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Yes No

4. Are currently on parole or probation? (If yes, the loan is ineligible) Yes No
5. Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency? Yes No
6. Are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services? Yes No
7. Have you, or any business you controlled, ever filed for bankruptcy protection? Yes No
8. Are you, or any business you control, presently involved in any legal action (including divorce)? Yes No
9. Do you have previous SBA or other Federal Government Debt (such as student loans)? Yes No
 If yes, provide the following information
 Name of Agency (SBA, Dept of Education) _____
 Loan Number _____
 Date of Request _____
 Original Amount \$ _____
 Outstanding Balance \$ _____
 Status (current/past due, etc.) _____
10. Do you owe any past taxes? Yes No
11. Are you aware of any personal credit report problems (slow pays, charge offs or judgements, etc)? Yes No
12. 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, or ACE, any Federal Agency, or the participating lender? Yes No

If any question above is answered yes, please attach a full description.

If questions 2 or 3 are answered Yes, you will need to furnish details, including dates, location, fines, sentences, level of charge (whether misdemeanor or felony), dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information.

Applicant Signature: _____ **Date:** _____

Veteran/Gender/Race/Ethnicity data is collected for program reporting purposes only. Disclosure is voluntary and has no bearing on the credit decision.

		Enter Response Below
Veteran	1=Non-Veteran; 2=Veteran; 3=Service-Disabled Veteran; 4=Spouse of Veteran; X=Not Disclosed	
Gender	M=Male; F=Female; X=Not Disclosed	
Race (more than 1 may be selected)	1=American Indian or Alaska Native; 2=Asian; 3=Black or African-American; 4=Native Hawaiian or Pacific Islander; 5=White; X=Not Disclosed	
Ethnicity	H=Hispanic or Latino; N=Not Hispanic or Latino; X=Not Disclosed	



PERSONAL FINANCIAL STATEMENT 7(a) / 504 LOANS AND SURETY BONDS

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA guaranteed 7(a) or 504 loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

Return completed form to:

For 7(a) loans: the Lender processing the application for SBA guaranty

For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty

For Surety Bonds: the Surety Company or Agent processing the application for surety bond guaranty

Name		Business Phone	
Home Address		Home Phone	
City, State, & Zip Code			
Business Name of Applicant			
ASSETS		LIABILITIES	
(Omit Cents)		(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)	
(Describe in Section 5)		Installment Account (Auto).....\$ _____	
Accounts & Notes Receivable.....\$ _____		Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other).....\$ _____	
Life Insurance – Cash Surrender Value Only.....\$ _____		Mo. Payments \$ _____	
(Describe in Section 8)		Loan(s) Against Life Insurance.....\$ _____	
Stocks and Bonds.....\$ _____		Mortgages on Real Estate.....\$ _____	
(Describe in Section 3)		(Describe in Section 4)	
Real Estate.....\$ _____		Unpaid Taxes.....\$ _____	
(Describe in Section 4)		(Describe in Section 6)	
Automobiles.....\$ _____		Other Liabilities.....\$ _____	
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property.....\$ _____		Total Liabilities.....\$ _____	
(Describe in Section 5)		Net Worth.....\$ _____	
Other Assets.....\$ _____		Total \$ _____	
(Describe in Section 5)		*Must equal total in assets column.	
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 should 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 part of this statement and signed.)

Names and Addresses 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 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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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 the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan or a surety bond. I further certify that I have read the attached statements required by law and executive order.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 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, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. 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 collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

IVES 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-C, visit www.irs.gov and search IVES.

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)

5a. IVES participant name, address, and SOR mailbox ID

5b. Customer file number (if applicable) (see instructions)

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>

7. **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 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

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.

8. Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)

/ / / / / / / / / /

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-C 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-C. See instructions.

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

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

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

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

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, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note: If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 8. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, 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 if unchecked.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-C 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-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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-C 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 sign Form 4506-C.

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-C 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.
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-C 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.