



LOAN APPLICATION CHECKLIST

PLEASE PROVIDE THE REQUESTED INFORMATION. DATE AND SIGN WHERE INDICATED.

I. Loan Application (Form Enclosed)

Loan Questionnaire (Form Enclosed)

II. Business Financial Exhibits (For Both Current Business and Business to be Purchased, as applicable)

Business Profile (or Business Plan for New Business)

Fiscal Year-End Business Financial Statements for Prior Three Years

Business Federal Tax Returns for Three Prior Years, to include all Supporting Schedules and Statements

Interim Business Financial Statement (Year-to-Date) – Current to Within 60 Days of Application Date

Business Debt Schedule, as of the Same Date as the Interim Financial Statement (Form Enclosed)

Aging of Accounts Receivable and Accounts Payable (as of the Same Date as the Interim Financial Statements)

Month-to-Month Projections covering any Interim Period until Year-End plus Two Full Fiscal Years including the Assumptions that the Projections were Based Upon, and a Pro-Forma Business Balance Sheet (Form Enclosed)

III. Personal Financial Exhibits – (Required of Every Owner with 20% or more Ownership Interest and Every Guarantor)

Credit Application (Form Enclosed)

Personal Financial Statement including Personal Cash Flow and Contingent Liability Summary (Form Enclosed)

Personal Federal Tax Returns for Three Prior Years including all Supporting Schedules and Statements

Drivers License (For Non-U.S. citizens, please also include a copy (Front and Back) of Alien Registration Card

IV. Legal Entity Documents (as applicable)

Please provide the Legal Entity Documents for all obligors, borrowers, and guarantors:

Sole Proprietorship – Assumed Name Certificate, as applicable

Corporation – Articles of Incorporation and Bylaws, Assumed Name Certificate, as applicable

Partnerships (General or Limited) – Partnership Agreement (with all Exhibits)

Limited Liability Company – Articles of Organization and Operating Agreement

V. Real Estate (as applicable)

For all Real Estate transactions, please complete the Real Estate Profile Form (Attached).

For all Construction Loans:

1. Copy of Contract/Bid for work to be done by Contractor for all construction on Contractor's Letterhead

2. Construction Budget/Plans and Specifications

3. Quotes for Machinery and Equipment (On Vendor's Letterhead or from Catalog)

Copy of Purchase Agreement for any Real Estate or (Operating Business including Real Estate) to be Acquired

VI. Miscellaneous (as applicable)

Copy of Current Lease or Proposed Lease on Facility to be Occupied

Form 4506 for each, as applicable: the current business, the business to be purchased, each guarantor (Form Enclosed)

List and Description of Collateral. (Model Numbers and Serial Numbers of Equipment valued at over \$500 is required.)

Resume (or work history) from each partner, holder of 20% or more of common stock and for key management.

Copy of All Notes to be Refinanced with Loan Proceeds

Copy of Business Purchase Agreement of any Operating Business to be Acquired

Copy of Franchise Agreement and Uniform Franchise Offering Circular for Franchise Businesses.



LOAN QUESTIONNAIRE

Business Name: _____ Date: _____

Address: _____ Business Phone: _____

City, State, Zip: _____ Business Fax: _____

Federal Tax ID #: _____ Date Business Established: _____

Current Number of Employees: _____ Number of Employees After Loan: _____

USE OF PROCEEDS

ESTIMATED PROJECT COSTS

Land acquisition	\$ _____
New building construction	\$ _____
Land and building acquisition	\$ _____
Building improvements or repairs	\$ _____
Acquisition of machinery/equipment	\$ _____
Inventory purchase	\$ _____
Working capital	\$ _____
Business acquisition	\$ _____
Debt refinance	\$ _____
TOTAL ESTIMATED PROJECT AMOUNT	\$ _____
Cash Injection by Borrower	\$ _____
REQUESTED LOAN AMOUNT	\$ _____

OWNERSHIP

Please list any person (or entity) having any ownership in the applicant business. Please also list all officers of the applicant business regardless of ownership interest. (Ownership must total 100%)

<u>NAME</u>	<u>OWNERSHIP PERCENTAGE</u>	<u>TITLE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFILIATES

Please list all business concerns in which the applicant company or any individuals listed in the ownership section above have any ownership. Please also provide current financial statements for each affiliate.

<u>COMPANY NAME</u>	<u>OWNER</u>	<u>OWNERSHIP PERCENTAGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide the answer to the following and details for all “yes” answers.

	YES	NO
1) Have you or any other officer of your company ever been involved in a bankruptcy or insolvency proceeding?	_____	_____
2) Are you or is your business involved in any pending lawsuits?	_____	_____
3) Are there any types of judgments or tax liens against your company?	_____	_____
4) Do you or your company owe any taxes for years prior to the current year?	_____	_____
5) Does your business, its owners or majority stockholders own or have controlling interest in any other business? If yes, please provide a current balance sheet and income statement for each.	_____	_____
6) Do you, your spouse, any member of your household, or anyone who works, manages, or directs your business or their spouses or members of their households work for the SBA, Small Business Advisory Council, SCORE, ACE, any Federal Agency, or the participating lender?	_____	_____
7) Does your business currently or do you plan to engage in export trade? Would you like information on exporting?	_____	_____
8) Have you or your principals or affiliates or your business ever requested government financing? If yes, please provide name of agency, date of request, details on approval or decline, original amount, status of loan and date of pay-off.	_____	_____
9) Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest?	_____	_____
10) Is any loan applicant, or any director, executive officer or principal shareholder of loan applicant, an executive officer, director, or principal shareholder of a financial institution?	_____	_____

The above financial statement and supporting schedules, which are submitted to you for the purpose of obtaining credit from you, present a true, correct and complete statement of my financial condition as of the date shown. I understand that misrepresenting information on this is a criminal offense under federal law and punishable by a fine or imprisonment.

I will notify you in writing of any material unfavorable change in financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effect as if deliverable as an original statement of my financial condition at the time I request such further credit. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and/or credit reporting agencies. The financial statement and any other information furnished to you shall be at your property. You are authorized to answer questions about your credit experience with me.

Date:	Date:
Applicant Signature:	Co-Applicant Signature:
E-Mail Address:	E-Mail Address:

The following information is requested and is not required:

Do you have an attorney? No Yes Name: _____

Do you have a CPA? No Yes Name: _____

Do you have a Will? No Yes Name of Executor: _____

HISTORY OF BUSINESS

(Please attach any brochures / fliers for your company)

Describe your Business Operations (include types of products/services):

Past/Present history of your company:

1. What year was the company/corporation founded and by whom? _____
2. Was the company established as a sole proprietorship/partnership or corporation? _____
3. List the name, titles, and percentage of ownership of original owners/partners/stockholders.

4. List the names and current percentage of ownership of all owners/partners/stockholders.

5. What was the reason for the change in ownership? _____
6. Has the company or owner ever filed bankruptcy or receivership? If yes, why. _____

DOES YOUR COMPANY EXPORT? Yes No

Customer Profile, % of sales (i.e. Retail 45%, Wholesale 55%) Main Customer / Target Market.

How is Product marketed? / Does Product have a stable or cyclical demand? / Sensitive to economy?

Future plans for growth / Expansion?

How will loan benefit your Company?

List Key Customers

1. _____
2. _____
3. _____

List Major Competitors

1. _____
2. _____
3. _____

If Real Estate Acquisition, please answer the following:

1. How many square feet are you currently occupying? _____
2. When does your current lease expire? _____
3. How many square feet is the subject building or proposed building? _____
4. How many square feet is your lot? _____
5. Will any of it be leased to another occupant? Yes: _____ No: _____, if yes, how many sq. ft. _____
6. How far is current location to proposed location? _____
7. What is your current rent/lease expense for the facility(s) you will be replacing? _____

BUSINESS DEBT SCHEDULE

FOR _____, AS OF * _____

LENDER	ORIGINAL LOAN DATE	ORIGINAL LOAN AMT.	INTEREST RATE	MATURIT Y DATE	MONTHLY PAYMENT	SECURITY PROVIDED	PRESENT BALANCE	CURR/ LATE
TOTALS								**

* Should be the same date as current financial statement
 ** Total must agree with balance shown on current financial statement.

Signature: _____ Date: _____



ENVIRONMENTAL QUESTIONNAIRE AND DISCLOSURE STATEMENT

Applicant: _____

Address and location of the property:

Assessor's Parcel Number

The purpose of this questionnaire is to provide information about past and present ownership and uses of the real property upon which Lender will rely on to determine extending credit. Please answer all questions. Provide supporting documentation where appropriate. If unable to answer, please indicate "unknown" or "not applicable". Where space is limited, please attach additional pages as needed. If applicant has an interest (in leasehold or fee interest properties) and conducts business at multiple locations, a separate disclosure statement should be supplied for each location.

1. The present owner(s) of the property:
2. The present occupant of the property:
3. Date of last transfer of ownership: _____

Was pre-acquisition site assessment or environmental audit required? If so, provide a copy of report.

4. To the extent known, please identify the prior uses of the property and the prior owner(s) of the site during the past 50 years:

Date	Owner	Use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. The present and previous use(s) of the adjacent properties:

6. Has the real property or any adjacent property ever been used for industrial, manufacturing, refining, processing or agricultural purposes? If so, please describe.

7. When were buildings on the premises constructed?
8. If buildings or improvements on premises were constructed prior to 1978, was asbestos used for insulation or other purposes?
9. Have any asbestos tests or surveys been performed on site? If so, please attach copies of the results.
10. Are electrical transformers, switchers, capacitors, or other comparable devices on the premises? Have they been inspected for the presence of PCBs or other hazardous toxic substances? If inspection reports have been made, include copies.

11. Have there been any leaks, spills, or fires on site involving PCB electrical equipment? If so, please describe.

12. Are there now, or have there ever been underground storage tanks located on the site? If so, indicate the number of tanks and the contents and age of each tank.

13. If any of the following measures have been provided for the underground tanks and their associated piping, please check below.

<input type="checkbox"/> integrity testing	<input type="checkbox"/> inventory reconciliation
<input type="checkbox"/> leak detection system	<input type="checkbox"/> overflow spill protection
<input type="checkbox"/> secondary containment	<input type="checkbox"/> other (please describe)
<input type="checkbox"/> cathodic protection	_____

Has a leak or a potential leak ever been detected in these tanks?

14. Does your business use chemicals or substances which require permits or licenses to own, use, or remove from the property?

15. How are those chemicals or substances removed from the property?

16. Are there any above or below ground pipelines on site used to transfer chemicals? If so, please describe.

17. Have the pipelines been inspected or tested for leaks? If so, please indicate the results.

18. Are chemicals and wastes currently stored on site, or have they been stored in the past. If so, check all applicable categories of storage methods:

<input type="checkbox"/> drums	<input type="checkbox"/> containers	<input type="checkbox"/> waste piles
<input type="checkbox"/> pits	<input type="checkbox"/> sumps	<input type="checkbox"/> above-ground tanks
<input type="checkbox"/> surface impoundments/ponds/lagoons		<input type="checkbox"/> other

19. Are there disposal facilities or dumpsites, storing or use of hazardous waste/toxic materials, within a 2,000 foot radius of the property? If so, please describe.
20. If the answer to question 19 is in the affirmative, disclose whether the Environmental Protection Agency or State Department of Health Services (or other environmental authority) requires a permit for your occupancy of this property.
21. Have there been or is there physical evidence of any spills, leaks, or other releases of any toxic/hazardous chemicals/substances on the property or adjoining property?
22. Are all appropriate licenses and permits current and are you presently in compliance with all regulations for continued utilization of licenses/permits? If not, and are subject to pending suspension or revocation action, please describe the basis for and copies of suspension /revocation action.
23. Please attach copies of permits/licenses involving chemicals or substances used or removed on the premises, including waste disposal permits.
24. Are there any past, current or pending regulatory actions by federal, state, or local environmental agencies alleging noncompliance with regulations? If so, please describe.
25. Are there any past, current or pending lawsuits or administrative proceedings naming the facility for alleged environmental damages? If so, please describe.
26. Has the facility or any nearby property ever been listed, proposed, or investigated as a federal or state Superfund site? If so, please describe.
27. Has the facility ever been involved in site investigations, cleanup actions, corrective action programs or other regulatory requirements regarding potential or known contamination on site? If so, please describe.

I am familiar with the real property described in this questionnaire. By signing below, I represent and warrant to Venture Pacific Funding that the answers to the above questions are complete and accurate to the best of my knowledge. I also understand that Venture Pacific Funding will rely on the completeness and accuracy of my answers in assessing any environmental liability risks associated with the property.

Signature: _____

Title: _____

Date: _____

MANAGEMENT RESUME

Please fill in all spaces. If an item is not applicable, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN/DATE where indicated.

PERSONAL INFORMATION:

NAME _____ SS# _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

RESIDENCE TELEPHONE _____ BUSINESS TELEPHONE _____

RESIDENCE ADDRESS _____

FROM _____ TO PRESENT DATE

PREVIOUS ADDRESS _____

FROM _____ TO _____

SPOUSE'S NAME _____ SS# _____

ARE YOU EMPLOYED BY THE U.S. GOVERNMENT? Yes No AGENCY/POSITION _____

ARE YOU A U.S. CITIZEN? Yes No IF NO, GIVE ALIEN REGISTRATION NUMBER _____

EDUCATION:

High School/College/Technical-Name/Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE BACKGROUND:

Branch of Service _____ Dates of Service _____

WORK EXPERIENCE: List chronologically beginning with present employment.

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Signature

Date

PERSONAL FINANCIAL STATEMENT

As of _____, 2

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 and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name: _____
 Bus. Phone: _____ Res. Phone _____ E-mail Address : _____
 Residence Address: _____
 City/State/Zip: _____
 Business Name of Applicant/Borrower: _____

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

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

Description of Other Income in Section 1. Please describe any recurring income not reflected on previous tax returns: _____

*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 Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Note Holder(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	Number of Securities	Cost	Market Value Quotation Exchange	Date of Quotation/Exchange	Total Value

SECTION 4. Real Estate (List each parcel separately. Use attachments 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 of Property			
Name of Property Owner			
Date Purchased			
Original Cost			
Present Market Value			
Name of Lender			
Loan Number			
Loan Balance			
Amount of Payment per Month			
Status of Loan			

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. Insurance Held (Give face amount and cash surrender value of policies – name of insurance and beneficiaries.)

I authorize 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 on an SBA loan application may result in forfeiture of benefits, a fine up to \$10,000, or imprisonment for not more than five years, or both, under 18 U.S.C. 1001. FALSE statements on a conventional loan application may result in fines and imprisonment under relevant Federal and State laws.

Signature: _____ Date: _____ Social Sec. No.: _____

Signature: _____ Date: _____ Social Sec. No.: _____



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.
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)

Name and Address of participating lender or surety co. (when applicable and known)
5. U.S. Citizen? YES NO
If No, are you a Lawful Permanent resident alien: YES NO
If non- U.S. citizen provide alien registration number:

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?
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

Agency Use Only
11. Fingerprints Waived Date Approving Authority
Fingerprints Required Date Approving Authority
12. Cleared for Processing Date Approving Authority
13. Request a Character Evaluation Date Approving Authority
(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

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

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.

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