



Member Business Loan Application

REQUESTED LOAN INFORMATION

Loan Amount: \$	Borrower Name:	Key Contact Person:
Business Address:		
City:	State:	Zip Code:
Telephone:	Facsimile:	Cell Phone:
EMAIL Address:		Website Address:
Year Established:	NAICS Code:	Tax ID:
Borrower Type: Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/>		
Property Type: <input type="checkbox"/> Retail <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Self Storage <input type="checkbox"/> Special-Single Use <input type="checkbox"/> Warehouse <input type="checkbox"/> Multi-family <input type="checkbox"/> Mixed-use <input type="checkbox"/> Other (specify) _____ % residential occupied		

REAL ESTATE SECURED FACILITY

SOURCES AND USES OF LOAN PROCEEDS / LOAN REQUEST

Occupancy: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Investor Owned			
Loan Purpose: <input type="checkbox"/> Purchase <input type="checkbox"/> Cash out refinance <input type="checkbox"/> Rate/Term Refinance			
Taxes to be Escrowed at Credit Union: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>Mortgage Refinance</u>		<u>Real Estate Purchase</u>	
P/O Mtg. 1:	\$	Purchase Contract Expires:	/ /
P/O Mtg. 2:	\$	Purchase Price:	\$
Other/Cash out:	\$	Down Payment:	\$
P/O Taxes:	\$	Seller Financing:	\$
Est. Closing Costs:	\$	Other:	\$
Loan Amount	\$	Loan Amount:	\$

NON-REAL ESTATE FACILITY

SOURCES AND USES OF LOAN PROCEEDS / LOAN REQUEST

<u>Type of Loan Requested</u>	<u>Amount (\$)</u>	<u>Use of Loan Proceeds</u>	<u>Amount (\$)</u>
Line of Credit:	\$	Working Capital:	\$
Term Loan:	\$	Equipment / Vehicles:	\$
Revolver-to-Term:	\$	Refinance Debt:	\$
Business Credit Card:	\$	Other:	\$
Total:	\$	Total	\$

If purchasing equipment or vehicles: Type and description, cost, benefit to the company. Use separate sheet if needed.

If for working capital or debt refinance: Reasons for need.

CURRENT BUSINESS LOANS

Are any of the funds to be used to pay off existing business loans? Yes No

Please list all open business loans below and checkoff the ones being paid with this loan (if any)

√	Lender	Original Amount (\$)	Current Balance (\$)	Interest Rate (%)	Monthly Payment (\$)	Collateral

Principal Name: _____ Address: _____ Telephone: _____
% Ownership: _____ Title: _____ Social Security # _____ Telephone # _____
Date of Birth: _____ Place of Birth: _____ US Citizen If No, Alien Registration # _____
 I am not on probation parole or under indictment
 I have you never been arrested, charged with or convicted of a felony or non motor vehicle offense?
 I have not been declared bankrupt within the past 7 years. I am not a party to a lawsuit.
 I am not on under criminal indictment on probation or parole. I have never defaulted on any Federal Debt.
 I have not had a property foreclosed within the last 7 years. I am a US Citizen or permanent Resident Alien.
 I have not had a business or occupational license revoked within the past 7 years.

Principal Name: _____ Address: _____ Telephone: _____
% Ownership: _____ Title: _____ Social Security # _____ Telephone # _____
Date of Birth: _____ Place of Birth: _____ US Citizen If No, Alien Registration # _____
 I am not on probation parole or under indictment
 I have you never been arrested, charged with or convicted of a felony or non motor vehicle offense?
 I have not been declared bankrupt within the past 7 years. I am not a party to a lawsuit.
 I am not on under criminal indictment on probation or parole. I have never defaulted on any Federal Debt.
 I have not had a property foreclosed within the last 7 years. I am a US Citizen or permanent Resident Alien.
 I have not had a business or occupational license revoked within the past 7 years.

Principal Name: _____ Address: _____ Telephone: _____
% Ownership: _____ Title: _____ Social Security # _____ Telephone # _____
Date of Birth: _____ Place of Birth: _____ US Citizen If No, Alien Registration # _____
 I am not on probation parole or under indictment
 I have you never been arrested, charged with or convicted of a felony or non motor vehicle offense?
 I have not been declared bankrupt within the past 7 years. I am not a party to a lawsuit.
 I am not on under criminal indictment on probation or parole. I have never defaulted on any Federal Debt.
 I have not had a property foreclosed within the last 7 years. I am a US Citizen or permanent Resident Alien.
 I have not had a business or occupational license revoked within the past 7 years.

Principal Name: _____ Address: _____ Telephone: _____
% Ownership: _____ Title: _____ Social Security # _____ Telephone # _____
Date of Birth: _____ Place of Birth: _____ US Citizen If No, Alien Registration # _____
 I am not on probation parole or under indictment
 I have you never been arrested, charged with or convicted of a felony or non motor vehicle offense?
 I have not been declared bankrupt within the past 7 years. I am not a party to a lawsuit.
 I am not on under criminal indictment on probation or parole. I have never defaulted on any Federal Debt.
 I have not had a property foreclosed within the last 7 years. I am a US Citizen or permanent Resident Alien.
 I have not had a business or occupational license revoked within the past 7 years.

Disclosures

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Align Credit Union, 40 Market St. Lowell, MA 01852, 800.942.9575 within 60 days from the date you are notified of our decision. We will send you a written statement identifying the reasons for the denial within 30 days of receiving your request for the statement.

Notice:

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants (1) on the basis of race, color, religion, national origin, sex, or marital status, gender identity, sexual orientation, genetic information, ancestry, handicap, childbearing intentions, existence of telephone listing in applicant's name or age (provided the applicant has the capacity to contract); (2) because all or part of the applicant's income derives from any public assistance program; or (3) because the applicant has in good faith exercised any right under the Consumer Credit Protection act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, 600 Pennsylvania Ave NW, Washington D.C. 20580, (877)382-4357.

If your loan is secured by a 1st mortgage on a residential dwelling you have the right to receive a copy of your appraisal report if one was required and ordered by us as a condition of your loan request. We will provide you with a copy of your appraisal report upon completion and our review, at no additional cost to you, and no less than three business days prior to the closing of your loan.

Please retain these disclosures and a copy of your application for your records.

The undersigned specifically (1) authorizes Octant Business Services LLC, an agent for Align Credit Union to make inquiries as necessary to verify the accuracy of the statements made and determine my creditworthiness. (2) attests that any collateral property securing this loan will not be used for any illegal or prohibited purposes or use; (3) all statements made in this application are made for the purpose of obtaining the loan indicated herein; (4) occupation of the property will be as indicated above; (5) verification or revivification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by Lender, even if the loan is not approved; (6) the Lender, its agents, successors and assigns will rely on the information contained in the application and I/we have continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (7) In the event my/our payments on the loan indicated in this application become delinquent, the Lender its agents, successors and assigns, may, in addition to all other rights and remedies, report my/our name (s) and account information to a credit reporting agency; (8) ownership of the loan may be transferred to successors or assigns of the Lender without notice to me and/or the administration of the loan account may be transferred to an agent, successor or assign of the Lender with the prior notice to me; The undersigned further certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et. Seq. and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to the reliance upon any misrepresentation which I/we may have made in the application. If signing on behalf of an entity and not as an individual, I/we certify that I/we have the authoritative capacity to sign on behalf of the Applicant(s).

Legal Name of Business:

Signature(Owner, Partner, Member, Authorized Officer)	Print Name	Title	Date
Signature(Owner, Partner, Member, Authorized Officer)	Print Name	Title	Date
Signature(Owner, Partner, Member, Authorized Officer)	Print Name	Title	Date
Signature(Owner, Partner, Member, Authorized Officer)	Print Name	Title	Date
Guarantor Signature	Print Name	Title	Date
Guarantor Signature	Print Name	Title	Date
Guarantor Signature	Print Name	Title	Date
Guarantor Signature	Print Name	Title	Date

For corporations: Resolved: the above are authorized to apply for credit and enter into binding loan agreements on behalf of this corporation. Further Resolved: That each officer named above is authorized to enter loan renewal, modification, extension and security agreements on behalf of the corporation. Certification: I certify that: I am Secretary or Clerk of this corporation, the foregoing resolution was duly adopted by the corporation's Board of Directors, is currently in effect, and has not been revoked or amended, and the signatures and titles set forth above on this application are the genuine signatures and title of the persons indicated.

Secretary or Clerk's signature

Date



PERSONAL FINANCIAL STATEMENT
Financial Condition as of _____

Each owner who owns 20% or more of the business is required to guarantee any loans granted to the applicant and as a result must complete this personal financial statement. Make copies as necessary. Spouses may use just one form if applying jointly. Please indicate whether individual or joint credit is requested.

_____ Individual credit – If relying on your own income and not the income and assets of a spouse or another person as a basis for extension of or repayment of credit, complete the financial statement below only as it applies to you individually. Do not provide any information about a spouse or other person. Sign the financial statement.

_____ Joint credit – If applying for joint credit or for individual credit relying on your own income and/or assets of a spouse or another person as a basis for extension of or repayment of credit requested, complete the financial statement below. Include information about income, assets and liabilities of both parties. Both applicant and spouse or co-applicant must sign this statement.

Name:	Business Phone:
Residence Address:	Residence Phone:
City, State, & Zip Code:	Primary Banking Relationship:
Business Name of Applicant/Borrower:	Personal Tax returns Filed For Years:
ASSETS (omit cents)	LIABILITIES (omit cents)
Cash on Hand and in Banks _____ Savings Accounts _____ IRA or Other Retirement Accounts _____ Accounts & Notes Receivable _____ Life Insurance - Cash Surrender Value Only _____ (Describe in Section 8) Stocks and Bonds _____ (Describe in Section 3) Real Estate _____ (Describe in Section 4) Automobile - Present Value _____ Other Personal Property _____ (Describe in Section 5) Other Assets _____ (Describe in Section 5) <div style="text-align: right;">Total \$ _____</div>	Accounts Payable _____ Notes payable to Banks and Others _____ (Describe in Section 2) Installment Account (Auto) _____ Mo. Payments \$ _____ Installment Account (Other) _____ Mo. Payments \$ _____ Loan on life insurance _____ Mortgages on real Estate _____ (Describe in Section 4) Unpaid Taxes _____ (Describe in Section 6) Other Liabilities _____ (Describe in Section 7) Total Liabilities _____ Net Worth Total \$ _____
Section 1. Source of Income	Contingent Liabilities
Salary..... _____ Spouse Salary..... _____ Net Investment Income..... _____ Real Estate Income..... _____ Other Income (Describe Below)* _____	As Endorser or Co-Maker..... _____ Legal Claims and Judgments..... _____ Provision for Federal Income Tax..... _____ 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 Bank and Others (Use attachments if necessary. each attachment must be identified as part of this Statement and signed)				
Name of Note Holder	Original Balance	Current Balance	Payment Frequency	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 Quote/Exchange	Date of Quote/Exchange	Total Value

Section 4. Real Estate Owned (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	Property D
Type of Property				
Name/Address of Title Holder				
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 (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien and 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/We authorize Octant Business Services, LLC as agent for Align Credit Union to make inquiries as necessary to verify the accuracy of the statements made and determine my/our creditworthiness. I/We 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/We 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: _____

Home Mortgage Disclosure and Signatures

1. Is your loan request for the purchase of, or improvement to, or a refinance of a residential property? (By definition, it is residential property if 50% or more of the rental income comes from the residential units.) Yes No
2. Will the borrower be a: (Check one) Individual(s)? Partnership? Corporation? Trust?

If the answer to question 1 is Yes and the answer to question 2 is Individual or Partnership, please read the information on the following page and initial where indicated.

Information for Government Monitoring Purposes

The purpose of collecting the information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that ask applicants for their demographic information (ethnicity, race and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race".

Applicant:

Ethnicity: Check one or more

- Hispanic or Latino
 - Mexican
 - Puerto Rican
 - Cuban
 - Other Hispanic or Latino – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard and so on: _____
- Not Hispanic or Latino
- I do not wish to provide this information

Race: Check one or more:

- American Indian or Alaska Native – Print name of enrolled or principal tribe: _____
- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on: _____
- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on: _____
- White
- I do not wish to provide this information

Sex:

- Female
- Male
- I do not wish to provide this information

To Be Completed by Financial Institution (for an application taken in person)

Was the ethnicity of the applicant collected on the basis of visual observation or surname:

- Yes
- No

Was the race of the applicant collected on the basis of visual observation or surname:

- Yes
- No

Was the sex of the applicant collected on the basis of visual observation or surname:

- Yes
- No

The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. If you not wish to provide some or all of this information, please check below.

Co-Applicant:

Ethnicity: Check one or more

- Hispanic or Latino
 - Mexican
 - Puerto Rican
 - Cuban
 - Other Hispanic or Latino – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard and so on: _____
- Not Hispanic or Latino
- I do not wish to provide this information

Race: Check one or more:

- American Indian or Alaska Native – Print name of enrolled or principal tribe: _____
- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on: _____
- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on: _____
- White
- I do not wish to provide this information

Sex:

- Female
- Male
- I do not wish to provide this information

To Be Completed by Financial Institution (for an application taken in person)

Was the ethnicity of the applicant collected on the basis of visual observation or surname:

- Yes
- No

Was the race of the applicant collected on the basis of visual observation or surname:

- Yes
- No

Was the sex of the applicant collected on the basis of visual observation or surname:

- Yes
- No

Environmental Risk Assessment Questionnaire

Complete one questionnaire for each property

Borrower _____

Date _____

Street _____

Credit Union
Representative _____

City/State/Zip _____

Amount of Loan _____

Collateral Street Address _____

Collateral City/State/Zip _____

Brief Description of Property: (include: current use, property type, construction, lot & building size)

Elevated/Low Risk Property? (circle one - see attached list for elevated business)	Elevated	Low
--	----------	-----

Borrower Interview	(Circle One) <i>Site</i>	(Circle One) <i>Adjacent Properties</i>
Has a prior environmental risk assessment been conducted on the Site? Please submit a complete copy of any such report(s).	Yes No Don't Know	
Are, or have there been, any "elevated risk" uses (including industrial/manufacturing operations)? If "yes" explain below.	Yes No Don't Know	Yes No Don't Know
Are, or have there been, any oil and/or hazardous materials used or stored on the property? If "yes" explain below.	Yes No Don't Know	Yes No Don't Know
Are, or have there been, any hazardous wastes (including waste petroleum products) generated at the property? If "yes" explain below.	Yes No Don't Know	Yes No Don't Know
Are, or have there been, any underground storage tanks or above ground storage tanks located on the property? If "yes" explain below. Please submit copies of any available tank tightness tests or tank closure reports.	Yes No Don't Know	Yes No Don't Know
Have there been any releases of oil and/or hazardous material on the property?	Yes No Don't Know	Yes No Don't Know
Is the site building serviced by: 1 - an on-site septic system or 2 - the public sewer system	1 2	
Is the site building heated by: 1- fuel oil with above ground tank, 2- fuel oil with an underground tank, 3- natural gas, 4- electricity, 5-propane, or 6 - other?	1 2 3 4 5 6	
Was the site heated by another source prior to the current source?	Yes No Don't Know	
Have you ever received, or do you have knowledge of any notice of an environmental violation on the property? If "yes" explain below.	Yes No Don't Know	Yes No Don't Know

3-Inspection

Did the on-site inspection reveal any of the following (circle all applicable conditions)?

No visible issues	Oil spills	Asbestos	Stressed Vegetation
Transformers	Oil pipe lines or well caps	Above or below ground tanks leaking Unusual colored or smelling seeps	Abutting or neighborhood property issues Explain
Waste water treatment	Chemicals If yes, what type?		
Drums or storage containers leaking	Junked vehicles	Sheen on surface water	Other concerns Explain

Comments and Explanations:

CU Signature

Date _____

Borrower Signature _____

Revised 9-29-10

APPLICANT NAME:

SCHEDULE OF BUSINESS LIABILITIES
(Loans, Mortgages, Leases, Business Credit Cards)

Creditor (name, address)	Original Amount	Date Open	Balance	Pmts Current	Term	Monthly Payment	Collateral

By:
Title:

Date:_____

Request for Transcript of Tax Return

OMB No. 1545-1872

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

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

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

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

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

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

/	/	/	/
---	---	---	---

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
▶ _____ Signature (see instructions)	_____ Date
Sign Here ▶ _____ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ _____ Spouse's signature	_____ Date

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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

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

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	855-587-9604
Alabama, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	855-821-0094

Chart for all other transcripts

If you lived in or your business was in:

	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
	855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	855-800-8015

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


Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

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

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

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

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice.

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

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

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

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

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.