

# BUSINESS LOAN APPLICATION

Each owner, shareholder, partner or member owning 20 percent or more interest in the business must sign a personal guaranty. A minimum of 1 guarantor is required regardless of percent ownership. Additional guarantees may be required.



## LOAN REQUEST

### Loan Amount:

Amount Requested: \$ \_\_\_\_\_

Term: \_\_\_\_\_  Months  Years

Purchase Price: \$ \_\_\_\_\_

(include copy of purchase order for equipment/vehicle purchases)

### Loan Type:

- Term Loan  
 Business Line of Credit  
 SBA Loan  
 Commercial Real Estate

### Additional Information:

- This request is to:  Refinance existing debt  Purchase new equipment  Manage seasonal cash flow shortages  Purchase existing business  
 Buy-out partner(s)  Acquire Real Estate  Letter of credit needs  Refinance commercial real estate  
 Other (describe): \_\_\_\_\_

## LOAN PURPOSE & COLLATERAL

What are loan proceeds going to be used for: \_\_\_\_\_

Collateral Available\*: \_\_\_\_\_

\*Loans will be secured by all business assets unless specific assets, acceptable to the Credit Union, are pledged. Please describe fully any such specific assets that you wish to use as collateral. Please note which assets, if any are pledged as collateral for other loans. Please note location of collateral if different than your business location.

## BUSINESS INFORMATION

Business Legal Name (exact legal name)

DBA (if applicable)

Taxpayer ID Number

Year Business Began Operation

Years Of Current Ownership

Years owners have been in this line of business

Annual Sales

Business Type:  INDIVIDUAL

- Sole Proprietorship  
 Individual

PARTNERSHIP

- General Partnership  
 Limited Partnership  
 Limited Liability Partnership

CORPORATION

- Sub-S Corporation  
 C-Corporation  
 Limited Liability Company

OTHER

- Nonprofit Organization  
 Professional Association  
 Other \_\_\_\_\_

Description of Business or Service

Primary Contact Name

Business Phone

( )

Business Fax

( )

### BUSINESS PHYSICAL LOCATION (cannot be a P.O. box):

Street Address

City

State

Zip

### BUSINESS MAILING ADDRESS (if different from above):

Street Address

City

State

Zip

## FINANCIAL INFORMATION

### Business Deposit Accounts

Financial Institution	Account Type	Current Balance	Average Balance	Would you like to move the account to ATFCU?
		\$	\$	<input type="checkbox"/> Yes
		\$	\$	<input type="checkbox"/> Yes
		\$	\$	<input type="checkbox"/> Yes

### Business Debts (List all business debts, including accounts and payables. Include any existing ATFCU outstanding debt.)

Payable to:	Type of Account (Revolving, Term, etc.)	Balance Owning	Payment	Pay off with proceeds?
		\$	per	<input type="checkbox"/> Yes
		\$	per	<input type="checkbox"/> Yes
		\$	per	<input type="checkbox"/> Yes
		\$	per	<input type="checkbox"/> Yes

## RELATED BUSINESS ISSUES

(If Yes, please explain on separate sheet)

- Has the Business Applicant ever declared bankruptcy?  Yes  No If yes, Date of occurrence: \_\_\_\_\_
- Has any Principal, Guarantor or Co-applicant ever declared bankruptcy?  Yes  No If yes, Date of occurrence: \_\_\_\_\_
- Is the Business Applicant liable as guarantor or endorser on an existing or outstanding loan?  Yes  No If yes, Date of occurrence: \_\_\_\_\_
- Is any Principal, Guarantor or Co-applicant liable as guarantor or endorser on an existing or outstanding loan?  Yes  No If yes, Date of occurrence: \_\_\_\_\_
- Is the Business Applicant or any Principal, Guarantor or Co-Applicant a party to any legal claim or lawsuit?  Yes  No If yes, Date of occurrence: \_\_\_\_\_
- Is the Business already pledging any assets for a loan or lease?  Yes  No If yes, Date of occurrence: \_\_\_\_\_
- Is the Business Applicant or any Principal, Guarantor or Co-applicant currently past due on any taxes?  Yes  No If yes, Date of occurrence: \_\_\_\_\_
- Are there any tax liens filed against the Business Applicant, or any Principal, Guarantor or Co-applicant?  Yes  No If yes, Date of occurrence: \_\_\_\_\_

Does Business Applicant own or lease occupied building?  Own  Lease

If leased, name of lessor: \_\_\_\_\_

Mailing address of lessor: \_\_\_\_\_

Years remaining on lease: \_\_\_\_\_

Monthly lease payments, if applicable: \$ \_\_\_\_\_

# BUSINESS LOAN APPLICATION - Continued

## OWNERSHIP / MANAGEMENT INFORMATION

List all owners of the company

Name	Social Security #	Title	Ownership	This Line of Business

## PRINCIPAL, GUARANTOR, OR CO-APPLICANT INFORMATION

Name		Position		Social Security Number	
Address					
Date of Birth	Cell Phone	Business Phone	Email		
Name		Position		Social Security Number	
Address					
Date of Birth	Cell Phone	Business Phone	Email		
Name		Position		Social Security Number	
Address					
Date of Birth	Cell Phone	Business Phone	Email		
Name		Position		Social Security Number	
Address					
Date of Birth	Cell Phone	Business Phone	Email		

**EQUAL CREDIT OPPORTUNITY NOTICE – ADVERSE ACTION NOTICE** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract); because all or part of the applicants income is derived from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this creditor is the National Credit Union Administration, Region V (Austin), 4807 Spicewood Springs Rd., Suite 5200, Austin, Texas 78759

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please send your written request within 60 days of the date of the Creditor's decision to Austin Telco F.C.U., 8929 Shoal Creek Blvd., Austin, Texas 78757, Attention: Business Lending. The Creditor will send you a written statement of reasons within 30 days of receiving your request for the statement.

**FINANCIAL STATEMENTS AND TAX RETURNS** Please provide a copy of the company's financial statements or tax returns for the last three years and interim financial statements for the current year. Please also provide guarantors' tax returns for the last three years and updated personal financial statements.

Authorization: Each Business Applicant and each person or entity signing this Application ("Signer") certifies that all information provided by the Business Applicant and the Signer is true and complete and authorizes Austin Telco Federal Credit Union (Austin Telco) and its agents to: obtain credit and employment information about the Business Applicant and Signer; obtain credit reports and make any inquiries Austin Telco and its agents consider appropriate in connection with this application or review of this loan account from time to time; make Austin Telco's experience with this loan account and information about this application available to credit bureaus, other Signers or other persons who have or expect to have financial dealings with the Business Applicant and the Signer; share collection information with Signer's other creditors; and disclose account information as required by law. Each Signer acknowledges that additional information may be required in order to make a final credit decision. Business Applicant also acknowledges receipt of the Equal Credit Disclosures provided with this application.

**REQUIRED SIGNERS:** All signers must also be duly authorized to sign on behalf of applicant.

**ACKNOWLEDGEMENT:** EACH SIGNER ACKNOWLEDGES THAT AUSTIN TELCO AND IT'S AGENTS MAY RELY ON THE STATEMENTS AND INFORMATION SET FORTH IN THIS APPLICATION AND THAT SUCH STATEMENTS AND INFORMATION MAY BE INCORPORATED BY REFERENCE IN ANY AGREEMENT ANY OF THE UNDERSIGNED MAY ENTER INTO WITH AUSTIN TELCO. EACH OF THE UNDERSIGNED HEREBY AGREES TO NOTIFY AUSTIN TELCO PROMPTLY OF ANY CHANGE IN ANY SUCH STATEMENT OR INFORMATION. EACH SIGNER HAS READ AND UNDERSTOOD THE TERMS OF THIS APPLICATION, INCLUDING THE ABOVE DISCLOSURES, ANY ADDENDUM, AND REPRESENTS AND WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. EACH SIGNER ALSO ACKNOWLEDGES THEY HAVE RETAINED A COPY OF THIS APPLICATION FOR THEIR RECORDS.

<b>X</b>	Signature	Print Name	Title	Date
<b>X</b>	Signature	Print Name	Title	Date
<b>X</b>	Signature	Print Name	Title	Date
<b>X</b>	Signature	Print Name	Title	Date

### Application Checklist – Thank you for choosing Austin Telco FCU. We look forward to serving your financial needs.

- |                                                                                                                     |                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Completed Business Loan Application                                                        | <input type="checkbox"/> Personal Financial Statement for each business owner with interest in excess of 20%   |
| <input type="checkbox"/> Last two years Personal Tax Returns for each business owner with interest in excess of 20% | <input type="checkbox"/> Last two years Business Tax Returns (3 years if request is over \$250,000)            |
| <input type="checkbox"/> Last two years fiscal year-end Financial Statements (3 years if request is over \$250,000) | <input type="checkbox"/> Latest interim financial statement (must be within 90 days of application date)       |
| <input type="checkbox"/> Schedule of all Business Debts                                                             | <input type="checkbox"/> Invoices or Purchase Orders of equipment to be financed                               |
| <input type="checkbox"/> Accounts Receivable and Payable Agings for Revolving Credit Line requests                  | <input type="checkbox"/> Description of Real Estate (legal and property type) for Real Estate secured requests |

**Equal Credit Opportunity Notice**  
**Adverse Action Notice**  
**Applicant's Copy**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract); because all or part of the applicants income is derived from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this creditor is the National Credit Union Administration, Region V (Austin), 4807 Spicewood Springs Rd., Suite 5200, Austin, Texas 78759

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please send your written request within 60 days of the date of the Creditor's decision to Austin Telco F.C.U., 8929 Shoal Creek Blvd, Austin, TX 78757, Attention: Business Lending. The Creditor will send you a written statement of reasons within 30 days of receiving your request for the statement.

**Applicant: Retain for your records**

**PERSONAL FINANCIAL STATEMENT**

Please complete all entries.

Submitted to:	Date:
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**IMPORTANT: Read these directions before completing this Statement**

If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested, or if this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete only Sections 1, 3, and 4.

If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Section 1 – Individual Information	Section 2 – Other Party Information
Name	Name
Address	Address
City, State & Zip	City, State & Zip
Social Security #	Social Security #
Date of Birth	Date of Birth
Position or occupation	Position or occupation
Business name	Business name
Business address	Business address
City, State & Zip	City, State & Zip
Length at present address	Length at present address
Length of employment	Length of employment
Res. Phone <span style="float:right">Bus. Phone</span>	Res. Phone <span style="float:right">Bus. Phone</span>

Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owed? If yes, please provide details on a separate sheet.  Yes  No

Are (either of) you a defendant in any suit or legal action?  Yes  No

Are (either of) you presently subject to any unsatisfied judgments to tax liens?  Yes  No

When, if ever, have (either of) you been audited by IRS?  Yes  No Date:

Are (either of) your assets held in a Trust?  Yes  No If so, what type?  Living  Revocable  Non-Revocable  Other

**Section 3 – Statement of Financial Condition as of:**

Assets (Do not include assets of doubtful value)	\$ Amount (omit cents) [Individual]	\$ Amount (omit cents) [Joint]	If joint, with whom	Liabilities	In dollars (omit cents) [Individual]	In dollars (omit cents) [Joint]	If joint, with whom
Cash, Checking & Savings, CD's – see Schedule A	\$	\$		Notes payable to banks & others – see Schedule H	\$	\$	
U.S. Gov't & marketable securities – see Schedule B	\$	\$		Due to brokers	\$	\$	
Non-marketable securities – see Schedule B	\$	\$		Amounts payable to others – secured	\$	\$	
Securities held by broker in margin accounts	\$	\$		Amounts payable to others – unsecured	\$	\$	
Restricted, control or margin account stocks	\$	\$		Accounts & bills due	\$	\$	
Real estate owned – see Schedule D	\$	\$		Unpaid income tax	\$	\$	
Accounts, loans, & notes receivable	\$	\$		Other unpaid taxes & interest	\$	\$	
Automobiles	\$	\$		Real estate mortgages payable – see Schedules D & H	\$	\$	
Cash surrender value-life insurance – see Schedule E	\$	\$					
Vested interest in deferred compensation/profit-sharing plans – see Schedule F	\$	\$					
Business ventures – see Schedule G	\$	\$					
Other assets/personal property itemize – see Schedule G if applicable	\$	\$					
				<b>Total Liabilities</b>	\$	\$	
				<b>Net Worth</b>	\$	\$	
<b>Total Assets</b>	\$	\$		<b>Total Liabilities &amp; Net Worth</b>	\$	\$	



**SCHEDULE H – LOANS OWING BANKS, BROKERS, FINANCE COMPANIES, AND OTHERS (MASTERCARD, VISA, ETC.)**

Owing to (Acct. No.)	Joint Y/N	Date of Original Borrowing/Amount	Present Balance	Due	Monthly Payment	Date of Final Payment	Secured by

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that (1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned, (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement, and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except as may be herein otherwise noted. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

\_\_\_\_\_  
Signature (individual)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (joint)

\_\_\_\_\_  
Date

**Request for Transcript of Tax Return**

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1872

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

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

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

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

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

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

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

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

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

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

## General Instructions

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

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

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

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

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

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	816-292-6102

### Chart for all other transcripts

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

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

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

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

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

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

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

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

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

### Privacy Act and Paperwork Reduction Act Notice

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

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

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

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

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