



Small Business Loan Application



Dear Prospective Loan Applicant,

Thank you for your interest in Houston Business Development, Inc. (HBDi) and for the opportunity to consider your request for financing. It's our hope that our Small Business Loan Program will prove to be of great benefit as you expand your operations.

To assist you in completing the application, we have included in the attached forms an application checklist listing all the documents you will need to submit. While we provide several forms for your convenience, there are several additional documents (i.e., financial statements, tax returns, etc.) that you will also need to gather and submit.

Our goal is to make the loan application process quick and efficient so that you can get the assistance you need in a timely manner. Your assistance in completing the application accurately and thoroughly will enable us to give you a quick response. As you prepare your loan application, should you have any questions about the process, please feel free to contact one of our Loan Officers for assistance at 713-845-2400. You'll also find a detailed explanation of each step of the loan application process on our website at www.hbdi.org.

Thanks again for your interest in HBDi and we look forward to hearing from you soon.

Committed to the Growth of Your Business,

Marlon D. Mitchell

President
Houston Business Development, Inc.



HOW TO COMPLETE THIS APPLICATION

To complete the loan application, you can either type the information directly into the PDF application forms via Adobe Reader or Adobe Acrobat, or you may choose to print the application forms and complete them by hand.

Handwritten or typewritten applications can be scanned and emailed as an attachment, faxed, or mailed along with the other requested items (i.e. financial statements, tax returns, etc.).

For application forms printed in Adobe or Acrobat, you can save the PDF file and send it as an e-mail attachment; print and scan the PDF file and e-mail them; print and fax the PDF file; or print and mail the hard copy. Whichever method you choose to submit the application, please include the additional documents requested to complete your application.

- The completed application and additional documents can be emailed to:

loans@hbdi.org

- You can print the PDF file and fax it (along with the additional documents) to:

(713) 645-2830

- You can also print the PDF file and mail the hard copy (along with the additional documents) to us at:

**Houston Business Development, Inc.
5330 Griggs Rd.
Houston, TX 77021**

Should you have any questions or require any assistance at all in completing the application, please feel free to contact us at 713-845-2400.

LOAN APPLICATION CHECKLIST

In order to complete our analysis of your loan request and structure a financing package that meets your company's needs, we need to review the information outlined below. Please note that all items must contain an original signature and date. If you have any questions about the forms or require assistance in completing them, please contact your HBDi Loan Officer.

I. LOAN APPLICATION

- ☐ 1. HBDi Application (enclosed), including the Business Profile and Management Profile. The Management Profile must be completed by each partner holding 20% or more Common Stock and/or key management personnel.

II. BUSINESS FINANCIAL EXHIBITS

- ☐ 1. Fiscal year-end Business and Financial Statement for three (3) prior years.
- ☐ 2. Business Federal Tax Returns for three (3) prior years, including all supporting schedules and statements.
- ☐ 3. Interim Business Financial Statements (year to date), current within 60 days of application date.
- ☐ 4. Business Debt Schedule (form attached)
- ☐ 5. Accounts Receivable and Accounts Payables, Aging Report (corresponding to dates of interim financial statements).
- ☐ 6. Month to Month Projections for new or expanding businesses: provide minimum of one (1) year projections by month, plus assumptions (forms attached).
- ☐ 7. Business Plan (for new businesses or as requested) Should include marketing strategy, sales plan, operational plan, management plan, pro-forma balance sheet, income and expense projections and other pertinent information.

III. PERSONAL FINANCIAL EXHIBITS

- ☐ 1. Personal Financial Statement for all partners, owners with 20% or more ownership interest and/or key managers or guarantors (form is attached)
- ☐ 2. Personal Budget Analysis (form is attached)
- ☐ 3. Personal Federal Tax Returns for three (3) years, including all supporting schedules and statements.

IV. MISCELLANEOUS (AS APPLICABLE)

- ☐ 1. Execute or Certified Copy of Buy/Sell Agreement.
- ☐ 2. Copy of Real Estate Purchase Agreement or letter of interest.
- ☐ 3. Description of Collateral
- ☐ 4. Articles of Incorporation, Partnership Agreement, Bylaw, etc.
- ☐ 5. IRS Form 4506-T (form attached)
- ☐ 6. Other: _____

V. AUTHORIZATION

- ☐ HBDi authorization to Release Information (form attached)

SMALL BUSINESS LOAN APPLICATION

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------------------|--|---|--|----------------------------------|--|-----------------------|--|-----------------------------|--|---|--|--------------------------------------|--|--|--|--------------------------------------|--|------------------------------|--|--------------------------------------|--|
| Company Name: | | | | | | Tax I.D #: | | | | | | | | | | | | | | | | | | | |
| Address: | | | | City: | | | | State: | | | | Zip code: | | | | | | | | | | | | | |
| Principal in Charge: | | | | Work phone: | | | | Work fax: | | | | Email: | | | | | | | | | | | | | |
| Secondary contact person: | | | | Work phone: | | | | Work fax: | | | | Email: | | | | | | | | | | | | | |
| Cell phone (Primary): | | | | Cell Phone (Secondary): | | | | Website: | | | | | | | | | | | | | | | | | |
| Nature of business: | | | | | | | | Date established: | | | | | | | | | | | | | | | | | |
| Type of business (check one): | | | | | | | | | | | | | | <input type="checkbox"/> Proprietorship | | <input type="checkbox"/> Corporation | | <input type="checkbox"/> S Corporation | | <input type="checkbox"/> Partnership | | <input type="checkbox"/> LLC | | <input type="checkbox"/> Other _____ | |
| Name of Owner: | | | | | | Title: | | | | | | % of ownership: | | | | | | | | | | | | | |
| Name of Owner: | | | | | | Title: | | | | | | % of ownership: | | | | | | | | | | | | | |
| Name of Owner: | | | | | | Title: | | | | | | % of ownership: | | | | | | | | | | | | | |
| Name of Owner: | | | | | | Title: | | | | | | % of ownership: | | | | | | | | | | | | | |
| Number of current full time employees: | | | | | | Projected new employees within 2 years as a result of this loan: | | | | | | | | | | | | | | | | | | | |
| GENERAL PURPOSE OF LOAN: | | | | | | | | | | | | | | | | | | | | | | | | | |
| USE OF LOAN PROCEEDS | | | | | | | | COLLATERAL OFFERED | | | | | | | | | | | | | | | | | |
| LAND ACQUISITION: | | | | | | \$ | | | | PURCHASE PRICE | | PRESENT MARKET VALUE | | PRESENT LOAN BALANCE | | | | | | | | | | | |
| NEW CONSTRUCTION/ EXPANSION/REPAIR | | | | | | | | LAND | | \$ | | \$ | | \$ | | | | | | | | | | | |
| ACQUISITION AND/OR REPAIR OF MACHINERY & EQUIPMENT | | | | | | | | BUILDING | | | | | | | | | | | | | | | | | |
| ACQUISITION OF FURNITURE & FIXTURES | | | | | | | | MACHINERY & EQUIPMENT | | | | | | | | | | | | | | | | | |
| INVENTORY PURCHASE | | | | | | | | FURNITURE & FIXTURES | | | | | | | | | | | | | | | | | |
| WORKING CAPITAL | | | | | | | | ACCOUNTS RECEIVABLE | | | | | | | | | | | | | | | | | |
| ACQUISITION OF EXISTING BUSINESS | | | | | | | | INVENTORY | | | | | | | | | | | | | | | | | |
| OTHER | | | | | | | | OTHER | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | \$ | | TOTAL | | \$ | | \$ | | \$ | | | | | | | | | | | |
| AFFILIATE BUSINESSES (List any business owned by a principal who has 20% or more ownership in the operating company) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of business: | | | | | | Owner: | | | | | | % of ownership: | | | | | | | | | | | | | |
| Name of business: | | | | | | Owner: | | | | | | % of ownership: | | | | | | | | | | | | | |
| Name of business: | | | | | | Owner: | | | | | | % of ownership: | | | | | | | | | | | | | |

BORROWING ENTITY INFORMATION (If Different from Operating Company)

Please complete the information below only if you have or will be creating a passive real estate holding company or some other entity (other than an active business) that will hold title to the real estate you are purchasing, improving or constructing.

Name: _____ Date Established: _____ Tax ID #: _____

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

Type of business (check one): ☐ Proprietorship ☐ Corporation ☐ S Corporation ☐ Partnership ☐ LLC ☐ Other

| | | |
|----------------|--------|-----------------|
| Name of Owner: | Title: | % of ownership: |
| Name of Owner: | Title: | % of ownership: |
| Name of Owner: | Title: | % of ownership: |
| Name of Owner: | Title: | % of ownership: |

REFERENCES

| | | | |
|------------------|------------------|--------|------------|
| Bank name: | Account officer: | Phone: | Account #: |
| Bank name: | Account officer: | Phone: | Account # |
| Bank name: | Account officer: | Phone: | Account # |
| Accountant: | Firm name: | Phone: | |
| Trade References | Contact Persons | Phone | |
| Trade References | Contact Persons | Phone | |
| Trade References | Contact Persons | Phone | |

CERTIFICATIONS AND REPRESENTATIONS

Are there liens or judgments outstanding against the business or the principals? Yes ☐ No ☐ If yes, provide details.

Are there lawsuits pending against the business or the principals? Yes ☐ No ☐ If yes, please provide details.

Has the business or the principals ever filed bankruptcy? Yes ☐ No ☐ If yes, provide details.

Are there subsidiary or affiliate businesses? Yes ☐ No ☐ If yes, provide details.

Do you or any affiliates have a relationship with any HBDi Board member or HBDi employee? Yes ☐ No ☐ If yes, provide details.

I/WE THE UNDERSIGNED APPLICANT OR REPRESENTATIVE(S) OF APPLICANT, CERTIFY THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE FURTHER AUTHORIZE HOUSTON BUSINESS DEVELOPMENT INC. (HBDi) TO MAKE A COMPLETE CREDIT INVESTIGATION, INCLUDING BUT NOT LIMITED TO, OBTAINING CREDIT REPORTS AND REFERENCES.

AUTHORIZED SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE

For HBDi Internal Use Only:

| | | | |
|------------|---------------|----------------|----------------|
| Date Recd: | Loan Officer: | Date Approved: | Date Declined: |
|------------|---------------|----------------|----------------|

BUSINESS PROFILE

Please answer the questions below or provide the information on a separate attachment.

1. **Describe the history of your business.** Include the year founded, by whom, products or services provided, and location.

2. **Who are your major customers?**

| NAME | CITY/STATE OR COUNTRY | PERCENT (%) SALES |
|-------|-----------------------|-------------------|
| <hr/> | <hr/> | <hr/> 0.00% |
| <hr/> | <hr/> | <hr/> 0.00% |
| <hr/> | <hr/> | <hr/> 0.00% |
| <hr/> | <hr/> | <hr/> 0.00% |

3. **Who are your major suppliers?**

| NAME | CITY/STATE OR COUNTRY | PRODUCT PURCHASED |
|-------|-----------------------|-------------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

4. **Who are your major competitors?**

| NAME | CITY/STATE OR COUNTRY | COMPETING PRODUCT |
|-------|-----------------------|-------------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

5. **How will the loan change or aid the growth of your business?**

6. **Application Preparation.** List the name and occupation of anyone who assisted in the preparation of this form.

Name: _____ Occupation: _____ Fee Paid: \$ _____

By signing below, you certify the information you've given with this Application is true and complete. You authorize us to verify your statements with any source and obtain credit and employment history (including your spouse's if you live in a community property state.)

Date: _____ Signature: _____

Title: _____ Name (Printed): _____

MANAGEMENT PROFILE

A management profile must be completed by the proprietor, each partner, and each holder of 20% or more of common stock and/or key management. You may attach your education and employment history separately if preferred.

Name _____

Date of Birth _____ Place of Birth _____

Are you a US Citizen ☐ Yes ☐ No (If No, give Alien Registration No. _____ and Copy of Green Card)

Are you a veteran? ☐ Yes ☐ No

Current Residence

Address _____

City _____ State/Zip County _____

From _____ To _____

Immediate Past Residence

Address _____

City _____ State/Zip _____

County _____ From _____ To _____

Education

Institution (s) _____

Dates attended _____ Degree(s) _____

Employment History for Prior 10 Years

Employer _____ Location _____

Position _____ From _____ To _____

Responsibilities _____

Employer _____ Location _____

Position _____ From _____ To _____

Responsibilities _____

Additional Information

- | | |
|---|--|
| 1. Are you presently under indictment, on parole or on probation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Have you ever been charged with or arrested for any criminal offense other than a minor vehicle violation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Have you ever been convicted of any criminal offense other than a minor vehicle violation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If "YES" is answered for any of the questions, please provide the details on additional pages.

Date: _____ Signature: _____

BUSINESS DEBT SCHEDULE

Furnish the following information on all installments debts, contracts, notes, and mortgage payable. Indicate by asterisk () items to be paid by loan proceeds and reason for paying same. Present balances should agree with latest balance sheet submitted. Do not include accounts payable or accrued liabilities.*

BUSINESS NAME _____ **Date** _____ **Signature** _____

| Creditor Name and Address | Original Date | Original Amount | Present Balance | Interest Rate | Monthly Payment | Maturity Date | Collateral/Security |
|------------------------------|------------------|--------------------|--------------------|------------------|--------------------|------------------|---------------------|
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| TOTAL PRESENT BALANCE | | | | | | | |

MONTH-TO-MONTH PROJECTIONS

Please submit month-to-month projections covering any interim period through year-end, plus projections for two fiscal years. You may use this form and/or your own statement. Attach assumptions that the projections were based upon on a separate sheet.

BUSINESS NAME _____ **DATE** _____ **PERIOD COVERING** _____

| MONTH | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total |
|--------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|-------|
| Total Net Sales | | | | | | | | | | | | | |
| Cost of Goods Sold | | | | | | | | | | | | | |
| Gross Profit | | | | | | | | | | | | | |
| VARIABLE EXPENSES | | | | | | | | | | | | | |
| Salaries/Wages | | | | | | | | | | | | | |
| Payroll Taxes | | | | | | | | | | | | | |
| Legal/Accounting | | | | | | | | | | | | | |
| Advertising | | | | | | | | | | | | | |
| Automobile | | | | | | | | | | | | | |
| Office Supplies | | | | | | | | | | | | | |
| Dues/Subscriptions | | | | | | | | | | | | | |
| Telephone | | | | | | | | | | | | | |
| Utilities | | | | | | | | | | | | | |
| Miscellaneous | | | | | | | | | | | | | |
| Total Variable Expense | | | | | | | | | | | | | |
| FIXED EXPENSES | | | | | | | | | | | | | |
| Rent | | | | | | | | | | | | | |
| Licenses/Permits | | | | | | | | | | | | | |
| Taxes | | | | | | | | | | | | | |
| Interest | | | | | | | | | | | | | |
| Other Expenses | | | | | | | | | | | | | |
| Total Fixed Expenses | | | | | | | | | | | | | |
| TOTAL EXPENSES | | | | | | | | | | | | | |
| Profit(Loss) before Tax | | | | | | | | | | | | | |
| Income Tax | | | | | | | | | | | | | |
| NET PROFIT | | | | | | | | | | | | | |

ASSUMPTIONS (Month-Month Projections)

Please answer the questions below or provide the information on a separate attachment.

1. How will you achieve sales?

2. What is your target market?

3. What are you major expenses and how will you control them?

4. Other:

Date _____

Title _____

Signature _____

Name (Printed) _____

PERSONAL FINANCIAL STATEMENT

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

| | | | | |
|-------------------|--------|--------|----------|---------------------|
| Name | Phone: | Fax: | Cell: | |
| Residence Address | City | State | Zip code | How Long ____ years |
| Business Phone: | Fax: | Email: | | |

Business Name of Applicant/Borrower:

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

Section 1. Source of Income

| | |
|--|----------|
| Salary | \$ _____ |
| Net Investment Income | \$ _____ |
| Real Estate Income | \$ _____ |
| Other Income (Describe below)* | \$ _____ |

Contingent Liabilities

| | |
|--|----------|
| As Endorser or Co-Maker | \$ _____ |
| Legal Claims & 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 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 the statement and signed).

| Number of Shares | Name of Securities | Cost | Market Value Quotation/Exchange | Date of Quotation/Exchange | Total Value |
|------------------|--------------------|------|------------------------------------|-------------------------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

Section 4. Real Estate Owned. (List each parcel separately. Use 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 | | | |
| 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 and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).**Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).****Section 7. Other Liabilities. (Describe in detail).****Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).**

Are there liens or judgments outstanding? ☐ YES or ☐ NO IF YES, PROVIDE DETAILS.

Are there lawsuits pending? ☐ YES or ☐ NO IF YES, PROVIDE DETAILS.

Have you ever filed bankruptcy? ☐ YES or ☐ NO IF YES, PROVIDE DETAILS.

I authorize HBDi/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify that the above information and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand false statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:

Date:

Social Security Number:

PERSONAL BUDGET ANALYSIS

Please provide the following information regarding sources and uses of cash during the calendar year and your projections for the current year. If a cash flow deficit exists, explain how the existing or requested debt will be serviced.

Name _____ Individual Statement o Joint Statement

▪ **ANNUAL SOURCES OF CASH**

PRIOR YEAR

CURRENT YEAR

1. Salaries, commissions, bonus, or any other
income from employment (net)

\$ _____

\$ _____

2. Rents received

\$ _____

\$ _____

3. Dividends

\$ _____

\$ _____

4. Interest Income

\$ _____

\$ _____

5. Sales of assets

\$ _____

\$ _____

6. Royalties

\$ _____

\$ _____

7. Distributions from estates & taxes

\$ _____

\$ _____

8. Cash distributions from business partnerships
or joint ventures

\$ _____

\$ _____

9. Income tax refund

\$ _____

\$ _____

10. Other sources of cash

\$ _____

\$ _____

TOTAL CASH RECEIVED

\$ _____

\$ _____

▪ **ANNUAL USE OF CASH**

1. Personal expenses (utilities, rent, household, etc.)

\$ _____

\$ _____

2. Bank loans-principal and interest

\$ _____

\$ _____

3. Other loans-principal and interest

\$ _____

\$ _____

4. Insurance payments

\$ _____

\$ _____

5. Income taxes not covered by withholding

\$ _____

\$ _____

6. Other uses of cash

\$ _____

\$ _____

TOTAL CASH USED

\$ _____

\$ _____

▪ **CASH FLOW SURPLUS (DEFICIT)**

\$ _____

\$ _____

Signature _____

Date _____



AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to HBDI all information that they may require for the purpose of a credit transaction. I/We further authorize HBDI to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We certify that the enclosed information (plus any attachment or exhibits) is valid and correct to the best of my/our knowledge.

NAME _____ SIGNATURE _____

ADDRESS _____

CITY _____ STATE/ZIP _____

DATE _____ SOCIAL SECURITY NO _____

NAME _____ SIGNATURE _____

ADDRESS _____

CITY _____ STATE/ZIP _____

DATE _____ SOCIAL SECURITY NO _____

NAME _____ SIGNATURE _____

ADDRESS _____

CITY _____ STATE/ZIP _____

DATE _____ SOCIAL SECURITY NO _____

NAME _____ SIGNATURE _____

ADDRESS _____

CITY _____ STATE/ZIP _____

DATE _____ SOCIAL SECURITY NO _____

Request for Transcript of Tax Return

OMB No. 1545-1872

► **Request may be rejected if the form is incomplete or illegible.**

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 "Order a Transcript" 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. The IRS has no control over what the third party does with the tax information. | |

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

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 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. 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 2007, filed in 2008, will not be available from the IRS until 2009. 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. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

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

General Instructions

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

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

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

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

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 "Order a Transcript" or call 1-800-908-9946.

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: |
|---|---|
|---|---|

| | |
|--|---|
| Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO) | RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335 |
|--|---|

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|---|--|
| 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 | RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272 |
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|--|--|
| 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 | RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876 |
|--|--|

| | |
|--|--|
| Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia | RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 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, 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, or A.P.O. or F.P.O. address | RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922 |
|--|--|

| | |
|--|--|
| 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 | RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 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) 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 address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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 120 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. 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 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.