

**NON-REAL ESTATE  
COMMERCIAL LOAN  
APPLICATION  
PACKET**





## BUSINESS LOAN APPLICATION (NON-REAL ESTATE)

For Credit Union Use Only	Principal	Loan Date	Maturity	Loan No.	Member No.	Credit Union	Amount	CU Officer	Initials
For Approvals Only									

Applicant Information			
Name			
Street Address			
City			
State	Zip Code		
Mailing Address			
City			
State	Zip Code		
Federal Tax Number TIN/SSN			
Applicant's Telephone Number			

Credit Union
CU Name: Orion Federal Credit Union
Address: 7845 Highway 64 Memphis, TN 38133
Contacts: John Chandler, 901-266-2852 David Germano, 901-238-1262
Email: <a href="mailto:commercialending@orionfcu.com">commercialending@orionfcu.com</a>

### Applicant Proposed Credit Facility:

Proposed Loan Terms			
Loan Amount	\$ _____	Interest Rate:	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> No Preference
Loan Term in Months or Years	_____		
Business Purpose of Loan: _____			

Type of Loan(select one):	<b>Unsecured</b>	<b>Secured</b>						
	Line of Credit	Loan	Line of Credit	Loan	Equipment	Vehicle	Cash	UCC

Type of Collateral		
<input type="checkbox"/> Titled <input type="checkbox"/> Automobile <input type="checkbox"/> Van <input type="checkbox"/> Short Haul Truck <input type="checkbox"/> Long Haul Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Ship <input type="checkbox"/> Aircraft  <input type="checkbox"/> Other, Please Specify: _____	<input type="checkbox"/> Possessory <input type="checkbox"/> Share Savings/CD's <input type="checkbox"/> Stocks and/or Bonds <input type="checkbox"/> Notes/Instruments/Chattel Paper <input type="checkbox"/> Warehouse Receipts/Bills of Lading <input type="checkbox"/> Letters of Credit <input type="checkbox"/> Life Insurance  <input type="checkbox"/> Other Pledged Collateral: _____	<input type="checkbox"/> UCC Collateral <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Inventory <input type="checkbox"/> Chattel Paper <input type="checkbox"/> Equipment <input type="checkbox"/> General Intangibles <input type="checkbox"/> Fixtures <input type="checkbox"/> Crops <input type="checkbox"/> Farm Products <input type="checkbox"/> Livestock <input type="checkbox"/> Farm Equipment <input type="checkbox"/> Wraparound UCC filing on all business assets <input type="checkbox"/> Other UCC Collateral: _____
Other Collateral or Description: _____		

Payment Type	
<input type="checkbox"/> Installment Payments <input type="checkbox"/> Single Payment <input type="checkbox"/> Interest Only With a Balloon Payment	<input type="checkbox"/> Non-Revolving Line of Credit <input type="checkbox"/> Revolving Line of Credit <input type="checkbox"/> Other, Please Specify: _____

Proposed Repayment Schedule: _____
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FEDERAL CREDIT UNION

## BUSINESS LOAN APPLICATION

### Information Regarding Your Business:

Description of Business:	
<b>Type of Organization</b>	
<input type="checkbox"/> Profit C-Corporation	<input type="checkbox"/> Professional Corporation
<input type="checkbox"/> Profit S-Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Professional Limited Liability Company
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Trust	<input type="checkbox"/> Other, Please Specify:
Official Legal Name:	
DBA Name (if any):	
State of Organization:	Qualified to do Business in the Following States:
If type of organization is an individual, a sole proprietorship, or a trust, name(s) and address(es) of owner(s) primary residence(s):	
Please attach copies of: <input type="checkbox"/> For Corporations, Articles of Incorporation, For a Limited Liability Corporation, the equivalent certificate, or For a Partnership, a Certificate of Partnership if the partnership is registered in any state (if applicable). <input type="checkbox"/> Limited Liability Corporation's Operating Agreement (if applicable) <input type="checkbox"/> Partnership Agreement (if applicable)	
Trade styles or other names under which we do or have done business:	
Registered assumed business name filings (Furnish copies of the assumed business name filings or certificates for each name, along with proof of publications, if applicable.):	
Principal Place of Business: <input type="checkbox"/> Same as applicant street address <input type="checkbox"/> Different address, please specify:	
Location of Accounting Books and Financial Records: <input type="checkbox"/> Same as applicant street address <input type="checkbox"/> Different address, please specify:	

### Proposed Guarantor(s) (Specify Relationship to Applicant):

Guarantor(s)	Address	Relationship
1.		
2.		
3.		
4.		

Attached	Not Attached	Please attach copies of:	Date(s) or Period(s) Ending
<input type="checkbox"/>	<input type="checkbox"/>	Individual Financial Statement(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Federal Tax Return(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Share Account Statement(s)	



FEDERAL CREDIT UNION

# BUSINESS LOAN APPLICATION

I (we) hereby affirm that the foregoing information contained in this member business loan application is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Orion Federal Credit Union is relying on this application in making loan(s) to me. Orion Federal Credit Union or its designee is authorized to make any investigation of the credit of the applicant(s), business owner(s) and/or guarantor(s) either directly or through any agency employed by Orion Federal Credit Union for that purpose now and in the future. Orion Federal Credit Union may disclose to any other interested parties Credit Union's experience with this account. I agree to inform Orion Federal Credit Union immediately of any matter which will cause any material change to my financial condition. I understand that Orion Federal Credit Union will retain this member business loan application whether or not credit is granted.

Business Name: _____	Business Name: _____
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____
Business Name: _____	Business Name: _____
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____

# Non-Real Estate Business Loan Application Checklist



## **Required Forms:**

Signed Business Loan Application  
4506T – Request for Transcript of Tax Reform  
MBL Discussion Draft - *completed by credit union staff*  
Copy of Ownership Information  
*Sole Proprietorship – DBA Filing*  
*LLC – Articles of Organization; Operating Agreement*  
*Corporation – Articles of Incorporation; Bylaws; Resolutions*  
*Partnership – Partnership Agreement*

## **Financial Information Required - Business:**

Signed Business Tax Returns – 2 years  
Signed Business Financial Statements – 2 years  
Signed Business Debt Schedule  
Signed Interim Financial Statement for Most Recent Closed Period

## **Financial Information Required - Guarantors:**

Signed Personal Financial Statements  
Personal Debt Schedule  
Signed Personal Tax Returns – 2 years  
Signed Business Tax Returns for Guaranteeing Entities – 2 years  
*Including K-1 Statements for all S Corporations, Partnerships & Limited Liability Companies*

## **Optional Information:**

Website or Company Information  
Business Plan Including Management Resumes – required for start-up or major change

# Individual Financial Statement

Please contact a member of Orion's lending team if you would like to request an Excel version of this document



Member Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CHECK AS APPLICABLE:**

Applicant is applying for this loan:

- Individually, without a co-signer or guaranty of a person or other legal entity
- Jointly, with the co-signature or guaranty of one or more persons or legal entities (including existing guarantors)

**NAMES OF OTHER PERSON(S) OR LEGAL ENTITY(IES):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If applicant resides in a community property state, please complete the following concerning marital status:

- Applicant is:  Married  Separated  Unmarried (includes single, divorced and widowed)  
 Co-Applicant, if any, is:  Married  Separated  Unmarried (includes single, divorced and widowed)

APPLICANT INFORMATION	Social Security Number: _____		Driver's License Number: _____		Visa or MasterCard Number: _____		Home Phone Number: _____			
	Occupation: _____		Name of Employer: _____		No. of Years: _____		Salary: \$ _____ Per _____ Business Phone: _____			
	Amount of alimony, child support and separate maintenance payment income. NOTE: Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation:									
	Name and address of payer of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment:									
	Alimony, child support, or separate maintenance received under: <input type="checkbox"/> Court order <input type="checkbox"/> Written agreement <input type="checkbox"/> Oral agreement <input type="checkbox"/> Other:									
	Income (salary, social security, dividend, interest, etc.):									
	Source: _____							\$ _____		per month
	Have you borrowed from any other branch of this credit union? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	Branch Name: _____							Date: _____		
	Number of Dependents: _____				Ages: _____					
	Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, is it: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		Name(s) of Trustee(s): _____				
	Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Personal Representative: _____							
	Have you guaranteed or endorsed the notes and/or loans of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No						Do you have any other contingent liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have any actions or suits been filed against you or are there any recorded judgments or decree entered against you or have you been adjudged bankrupt in the last 7 years or made any assignments for the benefit of creditors? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	If yes, please explain:									
Name of a Reference					Address/Phone Number					

CO-APPLICANT INFORMATION	Co-Applicant's Full Name:		Date of		Address:	
	Social Security Number:		Driver's License Number:	Visa or MasterCard Number:		Home Phone Number: ( ) -
	Occupation:	Name of Employer:		No. of Years:	Salary: \$ Per	Business Phone: ( ) -
	Amount of alimony, child support and separate maintenance payment income. NOTE: Alimony, child support or separate: Maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					
	Name and address of payer of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment:					
	Alimony, child support, or separate maintenance received under: <input type="checkbox"/> Court order <input type="checkbox"/> Written agreement <input type="checkbox"/> Oral agreement <input type="checkbox"/> Other:					
	Income (salary, social security, dividend, interest, etc.):					
	Source:			\$ per month		
	Have you borrowed from any other branch of this credit union? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Branch Name:			Date:		
	Number of Dependents:				Ages:	
	Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is it: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		Name(s) of Trustee(s):	
	Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Personal Representative:			
	Have you guaranteed or endorsed the notes and/or loans of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you have any other contingent liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have any actions or suits been filed against you or are there any recorded judgments or decree entered against you or have you been adjudged bankrupt in the last 7					
If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Name of a Reference</b>			<b>Address/Phone Number</b>			

PLEASE INDICATE OR PROVIDE AN EXPLANATION AS TO ANY ASSETS OWNED JOINTLY OR BY A TRUST OR LIABILITIES OWED TO OTHERS. ATTACH SCHEDULES AND EXPLANATORY NOTES IF NECESSARY.

STATEMENT OF FINANCIAL CONDITION OF \_\_\_\_\_ AS OF \_\_\_\_\_

RE-CAP OF INCOME AND EXPENSES					
(Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)					
ANNUAL INCOME FOR YEAR 20____		ANNUAL EXPENSES FOR YEAR 20____		CONTINGENT LIABILITIES	
Salary or Wages	\$ -	Property Taxes & Assessments	\$ -	As Endorser on Notes/Contracts	\$ -
Dividends and/or Interest	\$ -	Federal & State Income Taxes	\$ -	As Guarantor on Notes/Contracts	\$ -
Rentals (Gross Income)	\$ -	Real Estate Loan Payments	\$ -	For Taxes	\$ -
Business (Net Income)	\$ -	Contract/Note Payments	\$ -	Other Contingent Liabilities:	\$ -
Other Income (Describe)*	\$ -	Living Expenses (Estimated)	\$ -		
		Other Expenses	\$ -		
<b>TOTAL INCOME</b>	<b>\$ -</b>	<b>TOTAL</b>	<b>\$ -</b>	<b>TOTAL CONTINGENT</b>	<b>\$ -</b>

SCHEDULE A				CASH LOCATION AND STATUS OF CREDIT UNION AND OTHER ACCOUNTS					
Checking	Savings	CD's	Credit Union and Branch Where Carried	Balance	Interest Rate	CD Maturity Date	Is account pledged for a loan?	Balance of Loan	Maturity Date of Loan
				\$ -				\$ -	
				\$ -				\$ -	
				\$ -				\$ -	
				\$ -				\$ -	
TOTAL				\$ -				\$ -	
				TOTAL		\$ -			

SCHEDULE B		STOCKS AND BONDS (Includes Interests In Any Closely Held Business)					
Description	No. Shares	Registration Number	Source of Valuation	Date	Price Per Share	Total Value	Purchased on Margin or Pledged
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
TOTAL					\$ -	\$ -	

SCHEDULE C		LIFE INSURANCE (Including loans)				
Insured	Primary Beneficiary	Face Amount	Cash Value	Loans on Policy	Name of	Location of Office
		\$ -	\$ -	\$ -		
		\$ -	\$ -	\$ -		
TOTALS		\$ -	\$ -	\$ -		

ACCOUNTS AND NOTES		ACCOUNTS AND NOTES RECEIVABLE					
Owner(s)	Due From	Address	Collateral	Maturity Date	How Payable?		Balance Due
					Amt	Per	
					\$ -		\$ -
					\$ -		\$ -
					\$ -		\$ -
					\$ -		\$ -
TOTAL					\$ -	TOTAL	\$ -

SCHEDULE E		REAL ESTATE (Residence, Unimproved Land, Income Properties, Private Contract, etc.)									
Parcel No.	Description	Location Address	Owner(s)	Date Acquired	Acquisition Cost	Mortgagee or Lien Holder	Annual Taxes	Monthly Income	Monthly Payment	Present Value	Balance Due
1					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
2					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
3					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
4					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
5					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
6					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
7					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
8					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
9					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
10					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS							\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE F		OTHER ASSETS AND PERSONAL PROPERTY							
Automobiles		Value	Rec. Vehicles & Boats		Value	Personal Property	Value	Subtotal For	Subtotal
Year	Make		Year	Make					
		\$ -			\$ -	Furniture	\$ -	Subtotal -	\$ -
		\$ -			\$ -	Jewelry	\$ -	Subtotal - RV's and	\$ -
		\$ -			\$ -	Equipment	\$ -	Boats	\$ -
		\$ -			\$ -	Other:	\$ -	Subtotal - Personal	\$ -
		\$ -			\$ -	Other:	\$ -	Property	\$ -
Subtotal Automobiles		\$ -	Subtotal RV's/Boats		\$ -	Subtotal Pers. Prop.	\$ -	Total for Other	\$ -

SCHEDULE G		NOTES AND LOANS PAYABLE TO CREDIT UNIONS AND OTHERS (Non-Real Estate)					
Payable To	Address	Collateral	Person(s) Liable	Maturity Date	How Payable?		Balance Due
					Amount	Per	
					\$ -		\$ -
					\$ -		\$ -
					\$ -		\$ -
TOTAL					\$ -	TOTAL	\$ -



SCHEDULE H		ACCOUNTS AND BILLS PAYABLE (Including Credit Cards)			
Payable To	Account Number	Person(s) Liable	How Payable?		Balance Due
			Amount	Per	
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
TOTAL			\$ -	TOTAL	\$ -

SCHEDULE I		OTHER LIABILITIES			
Payable To	Collateral	Person(s) Liable	How Payable?		Balance Due
			Amount	Per	
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
TOTAL			\$ -	TOTAL	\$ -

SCHEDULE J		TAXES DUE (Potential tax liability of asset sales)	
			\$ -
TOTAL			\$ -

ASSETS AMOUNT			LIABILITIES AMOUNT		
CASH	SCHEDULE A Credit Unions or Banks	\$ -	CASH	SCHEDULE A Pledged Cash	\$ -
STOCKS & BONDS	SCHEDULE B Total Stocks and Bonds	\$ -	NOTES & LOANS (No Real Estate)	SCHEDULE G Notes & Loans Payable	\$ -
LIFE INSURANCE	SCHEDULE C Cash Value	\$ -	INSURANCE LOANS	SCHEDULE C Total Outstanding Loans	\$ -
RECEIVABLE	SCHEDULE D Accounts & Notes Receivable	\$ -	ACCOUNTS & BILLS PAYABLE	SCHEDULE H Total Accounts & Bills	\$ -
REAL ESTATE	SCHEDULE E Total Real Estate Assets	\$ -	REAL ESTATE NOTES & CONTRACTS PAYABLE	SCHEDULE E Total Real Estate	\$ -
OTHER ASSETS	SCHEDULE F Other Assets & Personal	\$ -	OTHER LIABILITIES	SCHEDULE I Other Liabilities	\$ -
			TAXES DUE	SCHEDULE J Tax Liability of Asset	\$ -
TOTAL ASSETS:		\$ -	TOTAL LIABILITIES		\$ -
		(DIFFERENCE BETWEEN NET WORTH TOTAL ASSETS & TOTAL LIABILITIES)			\$ -

**SIGNATURES AND AFFIRMATION SECTION:**

I (we) hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Orion Federal Credit Union is relying on this statement of my financial condition in making loan(s) to me. Credit Union or its designee is authorized to make any investigation of my credit or employment status either directly or through any agency employed by Orion Federal Credit Union for that purposes now and in the future. Orion Federal Credit Union may disclose to any other interested parties Orion Federal Credit Union's experience with this account. I agree to inform the Credit Union immediately of any matter which will cause any material change to my financial condition. I understand the Credit Union will retain this financial statement whether or not credit is granted.

SIGNATURES

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant's Signature: \_\_\_\_\_

### Request for Transcript of Tax Return

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

<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, individual taxpayer identification number, 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 or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<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.	

**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.

/	/	/	/
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**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.

**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.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Phone number of taxpayer on line 1a or 2a

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](http://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](http://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  855-587-9604
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	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  855-800-8105
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
<b>Line 1b.</b> 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.	
<b>Line 3.</b> Enter your current address. If you use a P.O. box, include it on this line.	
<b>Line 4.</b> Enter the address shown on the last return filed if different from the address entered on line 3. <b>Note:</b> 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.	
<b>Line 6.</b> Enter only one tax form number per request.	
<b>Signature and date.</b> 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.	
 <b>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.</b>	
<b>Individuals.</b> 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.