



BUSINESS CREDIT APPLICATION

Important information about opening an account.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person and/or entity who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth (for individuals) and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Notice to Applicant:

MUFG Union Bank, N.A. ("Bank") may order an appraisal, at Applicant's expense, to determine the value of any real estate collateral provided to Bank. The Bank will promptly give the Applicant a copy of any completed residential appraisal reports, whether or not the loan closes.

All information requested in this document is required. Additional information may be requested if we are unable to perform the necessary verifications required by federal law as outlined above.

1. Tell us about your BUSINESS:				
LEGAL NAME OF OPERATING ENTITY UNDER WHICH TAX RETURNS ARE FILED (INDIVIDUAL'S NAME FOR SOLE PROPRIETOR) ("APPLICANT")			APPLICANT'S TAX ID NUMBER (SSN FOR SOLE PROPRIETOR)	
DBA (IF APPLICABLE)	EMPLOYER ID NUMBER (IF APPLICABLE)		HOME BASED BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY PHYSICAL BUSINESS ADDRESS (STREET--NO P.O. BOXES)	CITY	STATE	ZIP	
MAILING ADDRESS	CITY	STATE	ZIP	
WEBSITE ADDRESS	E-MAIL ADDRESS		APPLICANT'S TELEPHONE NUMBER	
DATE BUSINESS ENTITY FORMED (MM/YYYY)	BUSINESS ORGANIZED UNDER THE LAWS OF:	BUSINESS OWNED SINCE (MM/YYYY)	NUMBER OF EMPLOYEES	NUMBER OF TOTAL LOCATIONS
TYPE OF ENTITY (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Applicant Only <input type="checkbox"/> S Corporation <input type="checkbox"/> LLP <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Applicant & Spouse / Registered Domestic Partner (RDP)				
BUSINESS INDUSTRY <input type="checkbox"/> RETAIL <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> PROFESSIONAL SERVICES <input type="checkbox"/> WHOLESALE <input type="checkbox"/> OTHER: _____				
DESCRIBE APPLICANT'S PRODUCT/SERVICE (INCLUDE ANY BROCHURES)				
DOES APPLICANT HAVE ANY OPEN DEPOSIT OR LOAN ACCOUNTS WITH THE BANK ? <input type="checkbox"/> No <input type="checkbox"/> Yes		IF YES, CUSTOMER SINCE (MM/YYYY)	UNION BANK BUSINESS ACCOUNT # AUTO PAYMENT	

2. Tell us about your OWNERS (If additional space is needed, please attach sheet with remaining ownership information.)		
NAME	TITLE	PERCENTAGE OWNED %
NAME	TITLE	PERCENTAGE OWNED %
NAME	TITLE	PERCENTAGE OWNED %
NAME	TITLE	PERCENTAGE OWNED %
NAME	TITLE	PERCENTAGE OWNED %
NAME	TITLE	PERCENTAGE OWNED %
Total Percentage Owned Must Equal 100%		

3. Tell us about your BUSINESS FINANCES:

CURRENT BUSINESS BANK

CASH IN BANK

\$

DEBT SCHEDULE ATTACH ADDITIONAL SHEET IF OTHER DEBT.

The debt schedule should reconcile to the most current business balance sheet

Balance Sheet Date

LENDER	TYPE	COLLATERAL	INTEREST RATE	ORIGINAL DATE	MATURITY DATE	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
	<input type="checkbox"/> Loan <input type="checkbox"/> Line					\$	\$	\$
	<input type="checkbox"/> Loan <input type="checkbox"/> Line					\$	\$	\$
	<input type="checkbox"/> Loan <input type="checkbox"/> Line					\$	\$	\$
	<input type="checkbox"/> Loan <input type="checkbox"/> Line					\$	\$	\$
	<input type="checkbox"/> Loan <input type="checkbox"/> Line					\$	\$	\$
	<input type="checkbox"/> Loan <input type="checkbox"/> Line					\$	\$	\$
TOTAL							\$	\$

WORKING CAPITAL REQUIREMENTS - ACCOUNTS RECEIVABLE & ACCOUNTS PAYABLE

AGINGS	A/R AMOUNT	% OF TOTAL A/R	A/P AMOUNT	% OF TOTAL A/P
CURRENT - 30 DAYS	\$	%	\$	%
31-60 DAYS	\$	%	\$	%
61-90 DAYS	\$	%	\$	%
OVER 90 DAYS	\$	%	\$	%
TOTAL	\$	100 %	\$	100 %
THREE MAJOR CUSTOMERS			\$ AMOUNT	% OF A/R
			\$	%
			\$	%
			\$	%
ACCOUNTS RECEIVABLE OF OVER 90 DAYS			\$ AMOUNT	OUTSTANDING BALANCE
			\$	\$
			\$	\$
			\$	\$

RENT/LEASE INFORMATION

DO YOU HAVE A LEASE FOR THE PROPERTY YOUR BUSINESS NOW OCCUPIES?

☐ Yes ☐ No

MONTHLY RENT (INCLUDE TAXES, INSURANCE, ETC.)

\$

YEARS REMAINING ON LEASE

INVENTORY STORED HERE

☐ YES ☐ NO**ADDITIONAL BUSINESS LOCATIONS**

ADDRESS	MONTHLY RENT (INCLUDE TAXES, INSURANCE, ETC.)	YEARS REMAINING ON LEASE	INVENTORY STORED HERE?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

1. Has Applicant pledged inventory, accounts receivable, or equipment to secure existing debt?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is Applicant a party to any claim or lawsuit? (If Yes, please provide explanation below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has Applicant ever declared Bankruptcy or had a judgment against him/her? (If Yes, please provide explanation below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does Applicant owe any past due taxes? (If Yes, please provide explanation below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does Applicant have a customer that accounts for 15% or more of total sales? (If Yes, please provide explanation below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does Applicant anticipate significant capital expenditures within the next twelve months? (If Yes, please provide explanation below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does Applicant have any pending credit applications at any other financial institutions? (If Yes, please provide explanation below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does your business have any affiliated companies with common ownership? (If Yes, please provide explanation below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Will the Business Applicant be the vested owner? (If No, please provide explanation below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Has the Applicant been delinquent on any loan, including government loans in the past 12 months? (If Yes, please provide explanation below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation:				

BUSINESS HISTORY			
1. Are you anticipating any major changes to the business in the next 24 months?			
2. Please describe business products/services and competitive position			
3. What is management's level of experience in the industry			
4. What are the business revenue trends?	<input type="checkbox"/> Increasing	<input type="checkbox"/> Decreasing	<input type="checkbox"/> Stable
What are the business profitability trends?	<input type="checkbox"/> Increasing	<input type="checkbox"/> Decreasing	<input type="checkbox"/> Stable
What factors have affected these trends			
5. Additional Comments			

4. Certification of Applicant - Mandatory section for all Applicants. Complete 4A, 4B, or 4C as appropriate.

Applicant certifies that the information provided on and with this form (including taxpayer identification number) is complete and correct and that the undersigned are authorized to execute this form on behalf of the Applicant. Applicant and each principal/guarantor authorize the Bank (through the execution of the 4506T form, or by signing this application) to obtain business and personal credit reports, copies of tax returns and other information from the IRS and other taxing authorities, and to take such other steps as Bank deems appropriate to verify (and from time to time reverify) the information provided with this form. Applicant and each principal/guarantor further agree to execute and deliver to Bank such other forms, and take such other action, as Bank requests in furtherance of the foregoing. The Bank will retain information received in relation to this credit request as long as the Bank deems necessary. Applicant and each principal/guarantor authorizes Bank to release credit information concerning same to other creditors, guarantors, credit bureaus, credit reporters, sureties, and to Bank's agents and subsidiaries. Applicant and each principal/guarantor agree to promptly notify Bank in writing of any change in name, address or location of assets. Applicant agrees that funds drawn on the credit facilities will only be used for business purposes of the borrowing entity signing this application and only so long as there has been no change in the entity's ownership. The individuals listed below, are hereby authorized, directed, and empowered, by and in the name of this Applicant to: (1) apply for credit and enter into binding business lines of credit, business loans, business checking overdraft lines of credit, and other credit facilities upon such terms and conditions as he/she or they may deem advisable, and to obligate Applicant to repay all sums, including line of credit checks which are issued with one authorized signature, obligations and indebtedness which may arise in connection with any transaction authorized hereunder; (2) from time to time enter into credit renewals, modifications, or extensions; (3) grant one or more security interests in any property belonging to Applicant as collateral for such credits; (4) give guarantees or subordinations to Bank; (5) execute and deliver to Bank such instruments, documents, and agreements as Bank may deem appropriate from time to time in furtherance of the foregoing; and (6) access Applicant's records including records held by third parties. Applicant agrees that any and all loans and credits previously made or extended by the Bank to Applicant are hereby ratified and approved; and that Bank is authorized to act upon this ratification.

4A. For Sole Proprietors only: The following persons must sign: 1) The Owner, 2) Spouse/RDP (if Spouse/RDP information in section 2 is completed).

NAME	DATE	NAME	DATE
SIGNATURE		SIGNATURE	

4B. For Corporation only: The following officers must sign: Section A: The President, or the Chairman of the Board or CEO, or the Vice President; Section B: The Secretary/Assistant Secretary, or the Chief Financial Officer, or the Treasurer/Assistant Treasurer. If one individual holds all officer titles, that person must sign A and B below, and check all applicable titles.

A	<input type="checkbox"/> PRESIDENT <input type="checkbox"/> CHAIRMAN OF THE BOARD OR CEO <input type="checkbox"/> VICE PRESIDENT	B	<input type="checkbox"/> SECRETARY OR ASSISTANT SECRETARY <input type="checkbox"/> CHIEF FINANCIAL OFFICER <input type="checkbox"/> TREASURER / ASSISTANT TREASURER
NAME	DATE	NAME	DATE
SIGNATURE		SIGNATURE	

4C. For other Non-Corporate entities: The following persons must sign: Partnerships - All General Partners; Limited Liability Company - All Members, Managers, or those authorized in the Operating Agreement; Unincorporated Associations - All Members; Trusts - All Trustees.

NAME	DATE	NAME	DATE
SIGNATURE		SIGNATURE	
NAME	DATE	NAME	DATE
SIGNATURE		SIGNATURE	

Important Notices

Notice to Applicant: Whether married, unmarried, separated or RDP, Applicant may request individual credit by applying alone. If Applicant intends to rely on the Applicant's spouse's / RDP's future earnings to qualify for this credit, please apply for joint credit. Married persons or RDP's may request joint credit by applying together in one application. Persons not married or no RDP's may request joint credit by completing separate applications and submitting their applications together.

Notice to Oregon Residents: Under Oregon law, most agreements, promises, and commitments made by Bank after October 3, 1989 concerning loans and other credit extensions which are not for personal, family, or household purposes or secured solely by the Borrower's residence, must be in writing, express consideration, and be signed by Bank to be enforceable.

Notice to Washington Residents: Oral agreements or oral commitments to loan money, extend credit, or to forbear from enforcing repayment of a debt are not enforceable under Washington law.

Important information about opening an account.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person and/or entity who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth (for individuals) and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Notice to Applicant:

MUFG Union Bank, N.A. ("Bank") may order an appraisal, at Applicant's expense, to determine the value of any real estate collateral provided to Bank. The Bank will promptly give the Applicant a copy of any completed residential appraisal reports, whether or not the loan closes.

All information requested in this document is required. Additional information may be requested if we are unable to perform the necessary verifications required by federal law as outlined above.

1. Tell us about your PERSONAL INFORMATION:

INDIVIDUAL NAME (Applicant or Guarantor, as applicable)		SOCIAL SECURITY NUMBER	HOME PHONE	CELL PHONE
HOME STREET ADDRESS		CITY	STATE	ZIP CODE
EMPLOYER NAME		HOW LONG	DATE OF BIRTH	
<input type="checkbox"/> Check if you are a principal shareholder, director, or officer of a bank or other financial institution.			EMAIL ADDRESS:	
RELATIONSHIP STATUS (Complete only if you reside in a community property state) <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> RDP <input type="checkbox"/> SEPARATED				
Are you an endorser, guarantor or co-maker for any obligations (including leases or business debt owed to UB)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, please explain. _____				

1A. Tell us about your SPOUSE/RDP INFORMATION (If applicable)

Complete spouse/RDP information below only if applicable. If no box below is checked, do not complete spouse/RDP information and do not include spouse's/RDP's income or separate assets in the information below.

- ☐ Check if spouse/RDP is an owner or officer of Business Applicant; or is a co-applicant or guarantor for an Individual Credit for Business Purpose Product _____ % ownership.
☐ Check if spouse/RDP is NOT an owner or officer of Applicant, and is offering a Personal Guarantee.

SPOUSE/RDP NAME	SPOUSE/RDP SOCIAL SECURITY NUMBER	SPOUSE/RDP DATE OF BIRTH
SPOUSE/RDP EMPLOYER	LENGTH OF TIME WITH EMPLOYER	

2. Tell us about your PERSONAL FINANCES:

Spouse/RDP income may be used only when spouse/RDP will guaranty. You need not include income from alimony, separate maintenance, or child support unless you wish the Bank to consider it in connection with this application.

ANNUAL SALARY - Applicant	ANNUAL SALARY - Spouse/RDP (if applicable)	HOUSING EXPENSE <input type="checkbox"/> RENT <input type="checkbox"/> OWN	MONTHLY PAYMENT	ANNUAL FAMILY SUPPORT (Received)	ANNUAL FAMILY SUPPORT (Paid)
\$	\$		\$	\$	\$

ASSETS AND LIABILITIES

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash In Union Bank	\$	Accounts Payable	\$
Cash In Other Institutions	\$	Revolving Credit/Installment Obligations	\$
Marketable Securities Owned	\$	Notes Payable	\$
Accounts Receivable	\$	Loans On Life Insurance	\$
Notes Receivable - attach statements	\$	Income Taxes Payable	\$
Cash Surrender Value/Life Insurance	\$	Property Taxes Payable	\$
Retirement Accounts (Market Value)	\$	Real Estate Debt (Schedule 1)	\$
Limited Partnership	\$	Other Liabilities	\$
Residence--Real Estate Owned (Schedule 1)	\$		\$
Other Real Estate Owned (Schedule 1)	\$		\$
Personal Property (Including Auto)	\$		\$
Other Assets	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
TOTAL NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES)			\$

REAL ESTATE SCHEDULE 1

Use the Schedule of Real Estate Owned form if additional space is needed.

Property Address	Lender Name	Type of Ownership	% of Ownership	Acquisition Year	Market Value	Monthly Income	Interest Rate	Monthly Payment	Loan Balance
STREET	1st	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			\$	\$		\$	\$
CITY, STATE, ZIP	2nd							\$	\$
STREET	1st	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			\$	\$		\$	\$
CITY, STATE, ZIP	2nd							\$	\$
STREET	1st	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			\$	\$		\$	\$
CITY, STATE, ZIP	2nd							\$	\$
STREET	1st	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			\$	\$		\$	\$
CITY, STATE, ZIP	2nd							\$	\$
STREET	1st	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			\$	\$		\$	\$
CITY, STATE, ZIP	2nd							\$	\$
STREET	1st	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			\$	\$		\$	\$
CITY, STATE, ZIP	2nd							\$	\$
STREET	1st	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			\$	\$		\$	\$
CITY, STATE, ZIP	2nd							\$	\$
STREET	1st	<input type="checkbox"/> Personal <input type="checkbox"/> Commercial			\$	\$		\$	\$
CITY, STATE, ZIP	2nd							\$	\$
TOTAL ASSETS ▶						\$		\$	\$

GENERAL INFORMATION

If your spouse/RDP is a co-applicant or guarantor, these questions apply to both of you. If answering "yes" to any question, please describe the circumstance on an attached sheet.

1. Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are any assets in a trust? If yes, please provide trust documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you obtained credit under other names or with other individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you personally or as a principal of a firm ever declared bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a party to any claims or suits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you delinquent on any child support payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you owe any past due taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you leasing any real or personal property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have any pending credit applications with the Bank or any other financial institutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you employed by the U.S. Government If Yes, please give agency/position: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you a U.S. citizen? If No, give Alien Registration number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you presently subject to an indictment, criminal information, arraignment or other means by which formal charges are brought in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you been arrested in the past six months for any criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. For any criminal offense, other than a minor vehicle violation, have you ever (1) been convicted, (2) plead guilty, (3) please nolo contendere, (4) been placed on pretrial diversion, or (5) been placed on any form of parole or probation (including probation before judgment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you been delinquent on any loans, including government loans, in the past 12 months? If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. OPTIONAL BOX - To be considered for the Business Diversity Lending program, please complete this section. Do not complete if none of these apply, or you do not want to participate.

To be eligible for the Business Diversity Lending program, your business must be at least 51% owned and actively managed by one or more individuals who are women, minorities, or a veteran. The information regarding gender, minority status, and veteran status is required by the Bank only to determine eligibility for this loan program. The Bank does not discriminate on this or any other prohibited basis. **Note:** Copy of DD214 is required for program eligibility if claiming veteran status.

CHECK APPLICABLE BOXES

(Married couples and RDP's completing application jointly, check boxes applicable to only one application)

This owner is:

☐ **Female Non-Minority**

Minority

☐ Female ☐ Male

☐ American Indian or Alaska Native

☐ Asian

☐ Hispanic or Latino

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ **Veteran**

4. CERTIFICATION

Applicant/Guarantor certifies that the information provided on and with this form, is complete and correct. Applicant/Guarantor authorizes the Bank (through the execution of the 4506T form, or by signing this application) to obtain credit reports (including personal credit reports), copies of tax returns and other information from the IRS and other taxing authorities, and to take such other steps as Bank deems appropriate to verify (and from time to time to re-verify) the information provided with this form. Applicant/Guarantor further agrees to execute and deliver to Bank such other forms, and take such other action, as Bank requests in furtherance of the foregoing. The Bank will retain information received in relation to this credit request as long as the Bank deems necessary to do so. Applicant/Guarantor authorizes Bank to release credit information concerning same to other creditors, guarantors, credit bureaus, credit reporters, sureties, and to Bank's agents and subsidiaries. Applicant/Guarantor agrees to promptly notify Bank in writing of any change in name, address or location of assets. Applicant/Guarantor agrees that funds drawn on the credit facilities will only be used for business purposes.

Guarantors and individuals certify that all information contained in this form, and any attachments hereto, is complete and correct, is provided to the Bank for purposes of obtaining the credit requested.

NAME	SIGNATURE	DATE
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Spouse/RDP name and signature is required if the Spouse Information section of this application has been completed (under section 2).

SPOUSE/RDP NAME	SPOUSE/RDP SIGNATURE	DATE
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Important Notices

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Notice to Oregon Residents: Under Oregon law, most agreements, promises, and commitments made by Bank after October 3, 1989 concerning loans and other credit extensions which are not for personal, family, or household purposes or secured solely by the Borrower's residence, must be in writing, express consideration, and be signed by Bank to be enforceable.

Notice to Washington Residents: Oral agreements or oral commitments to loan money, extend credit, or to forbear from enforcing repayment of a debt are not enforceable under Washington law.

Request for Transcript of Tax Return

OMB No. 1545-1872

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

► For more information about Form 4506-T, visit www.irs.gov/form4506t.

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

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

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

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

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 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 10 business days ☐

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

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

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

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

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

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 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 the signature date.

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

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

Future Developments

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

General Instructions

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

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

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

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

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" 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
	512-460-2272

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
	559-456-7227

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
	816-292-6102

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, or A.P.O. or F.P.O. address	Internal Revenue Service 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	Internal Revenue Service 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. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. 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. Ensure that all applicable lines are completed before signing.

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 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.

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.

Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**



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

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

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

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

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 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 10 business days ☐

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

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

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

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

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

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 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 the signature date.

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

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

Future Developments

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

General Instructions

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

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

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

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

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" 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:

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	512-460-2272
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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	559-456-7227
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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	816-292-6102
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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, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409	801-620-6922
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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	859-669-3592
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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.

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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.

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.

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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.