

ARC Loan Applicant:

Thank you for your recent interest in an ARC (America's Recovery Capital) loan from Wells Fargo SBA Lending. ARC loans are being offered through the U.S. Small Business Administration's (SBA) America's Recovery Capital (ARC) Loan Program. Qualified applicants may be eligible for an ARC Loan -- a deferred-payment loan of up to \$35,000 subject to Wells Fargo credit underwriting standards and ARC program credit and eligibility standards established by the SBA.

Facts about the ARC Loan Program:

- The ARC Loan program is a loan that will need to be repaid; it is not a grant.
- ARC loan funds are to be used for payments of principal and interest for up to six months on existing, qualifying small business loans, capital leases and vendor loans.
- At the end of six months the loan payments will be deferred for 12 months followed by a five-year period of monthly principal payments.
- ARC loans are 100% guaranteed by the SBA with the interest paid by the government for the life of the loan.

**Wells Fargo ARC loans cannot be used to pay or refinance, in whole or in part, any personal, family or household obligations, home equity lines/loans, loans from private parties, associate notes/loans or personal/consumer credit cards.**

## **I. LOAN APPLICATION REQUEST REQUIREMENTS**

Per the SBA ARC loan application requirements, you **must** provide the following credit and eligibility information in the form of a complete package at the time of application:

**IMPORTANT:** The loan application can only be considered complete when you have filled out all the forms provided and forwarded the complete package of the following documents to the contact address on page 2 of this letter:

- ☐ Wells Fargo SBA Lending loan application form (signed and dated)
- ☐ Use of proceeds form (signed and dated)
- ☐ Schedule of debt form (signed and dated)
- ☐ Authorization to Release Information (signed and dated)
- ☐ SBA 912 Form (signed and dated) (required to be completed by each proprietor, partner, officer, director, holder of 20% or more of voting stock of a corporate applicant, and any other person, including a hired manager, who has authority to speak for and commit the borrower in the management of the applicant business.)
- ☐ SBA Request for Transcript of Tax Return Form 4506-T (signed and dated)
- ☐ Management resume(s)

- ☐ Personal Financial Statement(s) (signed and dated for each owner of 20% or more)
- ☐ SBA Form 2315: America's Recovery Capital (ARC) Borrower Information Form (required to be completed by each proprietor, partner, officer, director, holder of 20% or more of voting stock of a corporate applicant, and any other person, including a hired manager, who has authority to speak for and commit the borrower in the management of the applicant business.)
- ☐ 3-years of financial statements for the business (signed and dated)
- ☐ 3-years of tax returns for the business (signed and dated)
- ☐ 2-years of month-to-month cash flow projections
- ☐ Interim financial statement for the business—no more than 30 days old

## II. SUBMITTING YOUR ARC LOAN REQUEST

- **Sign and date all forms and documents:** The SBA ARC Loan Program guidelines require that all forms and financial documents be signed and dated with original signatures or “wet signatures”. This means that if you provide signed copies of previously signed documents you need to re-sign and re-date those documents again to certify that you are familiar with the information provided.
- **Provide required supporting documentation:** Since the ARC Loan Program funds are used to pay monthly loan payments, the SBA and Wells Fargo **requires** specific supporting and background documentation detailing the loan payment use of proceeds and debt. Examples of supporting debt documentation include but are not limited to the following items:
  - Copies of bank loan notes, bank statements, bank loan coupons or bills
  - Copies of vendor notes, vendor statements, vendor loans, vendor loan coupons or bills
  - Copies of capital lease notes, lease statements, lease coupons or bills
  - Copies of business credit card statements and receipts or invoices for one-time large transactions
  - And any additional documentation that can support your ARC loan request

**The small business applicant requires an ARC loan due to the following adverse financial condition(s) resulting in immediate financial hardship [please check one box that is most applicable]:**

- ☐ Loss/Reduction of customer base (or loss/reduction of revenue of 20% or more over the preceding 12 months)
- ☐ Increase in cost of doing business of 20% or more over the preceding 12 months
- ☐ 20% or more loss/reduction of Working Capital and/or loss/reduction of short term
- ☐ Credit Facilities over preceding 12 months

- ☐ Decline in Gross Margin of 20% or more over the preceding 12 months
- ☐ Decline in Operating Ratios of 20% or more over the preceding 12 months
- ☐ Inability to restructure existing debts due to credit restrictions within the preceding 12 months
- ☐ Loss/Reduction of Employees Loss/Reduction of Major Suppliers (major suppliers out of business)
- Other Immediate Financial Hardship –

Explain: \_\_\_\_\_

### **III. MAIL YOUR COMPLETE ARC LOAN APPLICATION TO THE FOLLOWING ADDRESS:**

Wells Fargo SBA Lending  
Attention: ARC Loan Processing Center  
1455 West Lake Street, Suite 306  
Minneapolis, MN 55408

An ARC Loan specialist will review your application for completeness and contact you with any questions. They can also answer any questions you may have about the loan process. Please wait at least seven days for your loan to process before contacting one of our ARC Loan specialists below:

Jamie Steinert  
Phone: 612-667-9015  
Email: [jamison.r.steinert@wellsfargo.com](mailto:jamison.r.steinert@wellsfargo.com)

Laura Witmer  
612-667-3008  
[laura.h.witmer@wellsfargo.com](mailto:laura.h.witmer@wellsfargo.com)

Thank you for your interest.

Wells Fargo SBA Lending

## AMERICA'S RECOVERY CAPITAL (ARC) BORROWER INFORMATION FORM

(To be completed by each proprietor, partner, officer, director, holder of 20% or more of voting stock of a corporate applicant, any other person, including a hired manager, who has authority to speak for and commit the borrower in the management of the applicant business. For clarification regarding any of the questions, the person completing this form should contact the SBA Participating Lender that will be processing the loan request.)

APPLICANT BUSINESS NAME: \_\_\_\_\_

INDIVIDUAL NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH (City & State or Foreign Country): \_\_\_\_\_

### ALL QUESTIONS MUST BE ANSWERED

- (1) Are you: Yes ☐ No ☐  
(a) presently under indictment, on parole or probation  
or Yes ☐ No ☐  
Have you:  
(b) ever been charged with or arrested for any criminal offense than a minor motor vehicle violation (including)  
offenses which have been dismissed, discharged, or nolle prosequi Yes ☐ No ☐  
or  
(c) ever been convicted, placed on pretrial diversion, or placed on any form of probation including adjudication  
withheld pending probation for any criminal offense other than a minor mother vehicle violation? Yes ☐ No ☐

If "Yes" to any of these questions, complete and submit to your lender with your application an  
SBA Form 912(Statement of Personal History) found at: [www.sba.gov/aboutsba/sbaprograms/elending/lgpc/forms](http://www.sba.gov/aboutsba/sbaprograms/elending/lgpc/forms).

- (2) Are you presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from  
participation in this transaction by any Federal department or agency? Yes ☐ No ☐
- (3) If you are at least a 50% or more owner of applicant business, are you more than 60 days  
delinquent on any obligation to pay child support arising under an administrative order, court  
order, repayment agreement between the holder and a custodial parent, or repayment agreement  
between the holder and a state agency providing child support enforcement services? Yes ☐ No ☐
- (4) Are you a U.S. Citizen? Yes ☐ No ☐  
If "No," are you a Lawful Permanent resident alien? Yes ☐ No ☐  
Provide Alien Registration Number \_\_\_\_\_

- (5) Is your business a franchise? Yes ☐...No ☐

- (6) Have you, the applicant business, its affiliates, or any business owned or controlled by you,  
the applicant business or any of its Associates\* ever requested government financing? Yes ☐ No ☐  
If Yes, is any of the financing currently delinquent? Not Applicable ☐ Yes ☐ No ☐  
Did any of this financing ever default and cause a loss to the government? Not Applicable ☐ Yes ☐ No ☐
- (7) Have you, the applicant business, its affiliates, or any businesses owned or controlled by you,  
the applicant business or any of its Associates had a previous SBA loan? Yes ☐ No ☐  
If yes, is the loan either current or paid in full? Not ☐ Yes ☐ No ☐  
Applicable

\* An Associate of a small business is an officer, director, owner of more than 20 percent of the equity, or key employee.

- (8) How many employees does your business have? \_\_\_\_\_
- (9) How many jobs will be created by the new loan? \_\_\_\_\_ How many retained? \_\_\_\_\_
- (10) Did you or the business pay, or will you or the business pay, anyone to assist in (a) preparing your loan application or any related materials and/or (b) referring the loan to the lender? Yes ☐ No ☐

If answer is "Yes," a Form 159 will need to be completed which can be found at:

[www.sba.gov/aboutsba/sbaprograms/elending/lpc/forms](http://www.sba.gov/aboutsba/sbaprograms/elending/lpc/forms)

(Please note that the lender cannot charge packaging fees for ARC loans.)

- (11) Is your business experiencing immediate financial hardship? Yes ☐ No ☐  
if "yes," attach supporting documentation
- (12) Will the requested loan proceeds be used to pay debt that is more than 60 days past due? Yes ☐ No ☐  
If "yes," provide details on any debt more than 60 days past due as an attachment including whether or not any of the past due debt is for Federal or state payroll taxes.

**Describe the primary nature of your business:**

- (13) Does the business operate a casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool? Yes ☐ No ☐  
If "yes," provide a description below:

- (14) Did any of the business's revenues in the past year come from gambling activities (including the sale of "lotto" tickets or similar products)? Yes ☐ No ☐  
If "yes," describe what these activities were and identify what percentage of revenues were derived through these activities:

The Small Business Administration is committed to insuring that all SBA programs are made available to business owners of all races. Furthermore, SBA has specified certain groups to target assistance (such as exporters or veterans). Please provide the information requested below. **Your response is voluntary and will not affect the credit decision**. It does help SBA determine how well certain groups are being served. Thank you for your cooperation.

(15) Are you:

**Race:** American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ (One or more boxes for race may be selected.)

**Ethnicity:** Hispanic or Latino ☐ Not Hispanic or Latino ☐

(16) Are you:

A veteran of the United States Armed Forces? Yes ☐...No ☐  
If yes, are you a service-disabled veteran Yes ☐...No ☐

*SBA may not provide financial assistance to an applicant where there is any appearance of a conflict of interest on the part of SBA or the Lender. Please answer the following questions. If "false" is checked, the application may not be submitted under Express.*

- No SBA employee, the employee's close relative or a member of the employee's household is an employee, officer, director, attorney, agent, creditor or debtor, or has a financial interest in the Applicant. True ☐ False ☐
- No former SBA employee separated from SBA for less than one year is an employee, officer, director, attorney, agent, creditor or debtor, or has a financial interest in the Applicant. True ☐ False ☐
- No individual currently involved in a Small Business Development Center program, the individual's close relative or a member of the individual's household is an employee, officer, director, attorney, agent, creditor or debtor, or has a financial interest in the Applicant. True ☐ False ☐
- No member of Congress or an appointed official or employee of the legislative or judicial branch (or a close relative or household member of such an individual) is a sole proprietor, general partner, officer, director, employee, attorney, agent, creditor or debtor, or has a financial interest in the Applicant. True ☐ False ☐
- No member or employee of a Small Business Advisory Council or a SCORE volunteer (or a close relative or household member of such an individual) is a sole proprietor, general partner, officer, director, employee, attorney, agent, creditor or debtor, or has a financial interest in the Applicant. True ☐ False ☐
- No employee of a community organization such as a certified development company or microlender (or a close relative or household member of such an individual) is a sole proprietor, general partner, officer, director, employee, attorney, agent, creditor or debtor, or has a financial interest in the Applicant. True ☐ False ☐
- No community organization or its officers or its directors have a significant financial interest in the Applicant unless the organization has been inactive in packaging SBA loans for at least two years prior to the application date. True ☐ False ☐
- If an Associate of the small business or member of any Associate's household is a GS-13 or higher government employee or a Major or Lieutenant Commander or higher in the military, the small business applicant has submitted to the Lender a statement of no objection by the pertinent government department or military service. True ☐ False ☐

**Please read the following restrictions regarding use of federal financial assistance programs.**

SBA is required to withhold or limit financial assistance, to impose special conditions on approved loans, to provide special notices to applicants or borrowers and to require special reports and data from borrowers in order to comply with legislation passed by the Congress and Executive Orders issued by the President and by the provisions of various inter-agency agreements. SBA has issued regulations and procedures that implement these laws and executive orders. These are contained in Parts 112, 113, and 117 of Title 13 of the Code of Federal Regulations and in Standard Operating Procedures.

**Freedom of Information Act (5 U.S.C. 552)**

This law provides, with some exceptions, that SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

**Privacy Act (5 U.S.C. 552a)**

A person can request to see or get copies of any personal information that SBA has in his or her file when that file is retrievable by individual identifiers such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the



person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) of the Small Business Act (the Act), 15 USC Section 636(a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC Sections 634(b)(11) and 687(b)(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use for SBA's loan system of records is that when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use of personal information is to assist in obtaining credit bureau reports, including business credit reports on the small business borrower and consumer credit reports and scores on the principals of the small business and guarantors on the loan for purposes of originating, servicing, and liquidating small business loans and for purposes of routine periodic loan portfolio management and lender monitoring. See, 69 F.R. 58598, 58617 for additional background and other routine uses.

**Flood Disaster Protection Act (42 U.S.C. 4011)** -- Regulations have been issued by the Federal Insurance Administration (FIA) and by SBA implementing this Act and its amendments. These regulations prohibit SBA from making certain loans in an FIA designated floodplain unless Federal Flood insurance is purchased as a condition of the loan. Failure to maintain the required level of flood insurance makes the applicant ineligible for any financial assistance from SBA, including disaster assistance.

**Executive Orders -- Floodplain Management and Wetland Protection (42 F.R. 26951 and 42 F.R. 26961)** -- SBA discourages settlement in or development of a floodplain or a wetland. This statement is to notify all SBA loan applicants that such actions are hazardous to both life and property and should be avoided. The additional cost of flood preventive construction must be considered in addition to the possible loss of all assets and investments due to a future flood.

**Occupational Safety and Health Act (15 U.S.C. 651 et seq.)** -- This legislation authorizes the Occupational Safety and Health Administration in the Department of Labor to require businesses to modify facilities and procedures to protect employees or pay penalty fees. Businesses can be forced to cease operations or be prevented from starting operations in a new facility. Therefore, SBA may require additional information from an applicant to determine whether the business will be in compliance with OSHA regulations and allowed to operate its facility after the loan is approved and disbursed. Signing this form as an applicant is certification that the OSHA requirements that apply to the applicant business have been determined and that the applicant, to the best of its knowledge, is in compliance. Furthermore, applicant certifies that it will remain in compliance during the life of the loan.

**Civil Rights Legislation** -- All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. This includes making their goods and services available to handicapped clients or customers. All business borrowers will be required to display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. 1691)** -- The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**Executive Order 11738 -- Environmental Protection (38 F.R. 251621)** -- The Executive Order charges SBA with administering its loan programs in a manner that will result in effective enforcement of the Clean Air Act, the Federal Water Pollution Act and other environment protection legislation.

**Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles)** -- These laws require SBA to collect aggressively any loan payments which become delinquent. SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may take one or more of the following actions: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice or other attorneys for litigation, or (6) foreclose on collateral or take other action permitted in the loan instruments.

**Immigration Reform and Control Act of 1986 (Pub. L. 99-603)** -- If you are an alien who was in this country illegally since before January 1, 1982, you may have been granted lawful temporary resident status by the United States Immigration and Naturalization Service pursuant to the Immigration Reform and Control Act of 1986. For five years from the date you are granted such status, you are not eligible for financial assistance from the SBA in the form of a loan guaranty under Section 7(a) of the Small Business Act unless you are disabled or a Cuban or Haitian entrant. When you sign this document, you are making the certification that the Immigration Reform and Control Act of 1986 does not apply to you, or if it does apply, more than five years have elapsed since you have been granted lawful temporary resident status pursuant to such 1986 legislation.

**Lead-based Paint Poisoning Prevention Act (42 U.S.C. 4821 et seq.)** -- Borrowers using SBA funds for the construction or rehabilitation of a residential structure are prohibited from using lead-based paint (as defined in SBA regulations on all interior surfaces, whether accessible or not, and exterior surfaces, such as stairs, decks, porches, railing, window and doors, which are readily accessible to children under 7 years of age. A "residential structure" is any home, apartment, hotel, motel, orphanage, boarding school, dormitory, day care center, extended care facility, college or other school housing, hospital, group practice or community facility and all other residential or institutions structure where persons reside.

**Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)** -- This is notice to you as required by the Right to Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guaranty. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government guaranteed loan. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan guaranty agreement. No further notice to you of SBA's access rights is required during the term of any such agreement. The law also authorizes SBA to transfer to another Government authority any financial records included in a application for a loan, or concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

**I have read the items above and I understand them. I agree to comply, whenever applicable, with the hazard insurance, lead-based paint, civil rights or other limitations in this notice. I agree that all SBA loan proceeds will be used only for business related purposes as specified in the loan application and, to the extent feasible, to purchase only American-made equipment and products. I authorize the SBA Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.**

I certify that the information provided in this application and supporting documents is true and accurate. I realize that the penalty for knowingly making a false statement or overvaluing security to obtain a guaranteed loan from SBA is that I may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 USC §1001 and if submitted to a Federally insured institution, I may be fined up to \$1,000,000 and/or be put in jail for up to 20 years under 18 USC §1014.

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Signature

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Date

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Print Name

NOTE: According to the Paperwork Reduction Act, you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing the form is 10 minutes per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington DC 20416. **PLEASE DO NOT SEND FORMS TO THIS ADDRESS.**



# Wells Fargo SBA Lending Loan Application

**WELLS  
FARGO**

## Applicant Information

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

☐ **This applicant is a business entity.**

Full legal name of the business entity:

☐ **This applicant is an individual or sole proprietorship.**

Legal name of the individual:

DBA:

DBA:

If this application is by two or more persons or businesses for joint credit, insert the names of the co-applicant(s)\* here: State of Incorporation or organization

1. 3.

2. 4. No. of Business Locations (other than Primary location)

Federal Tax ID/SSN/EIN No. of Employees Date Business Established Current Owner(s) Since  
/ / / /

Primary Business Location (P.O. Box not allowed)

Street City State Zip Primary Phone  
( ) -

Mailing Address, if different (Street Address or P.O. Box)

Street City State Zip Fax Number\*\*  
( ) -

Individual or Sole Proprietor Primary Residential Address

Street City State Zip E-mail Address

Type of Ownership:

☐ Sole Proprietor ☐ Corporation ☐ Non-Profit ☐ Individual  
☐ Limited Partnership ☐ General Partnership ☐ Limited Liability Company  
☐ Limited Liability Partnership ☐ Other: \_\_\_\_\_

Nature of Business

☐ Manufacturing ☐ Wholesale ☐ Retail ☐ Services  
☐ Agricultural Production ☐ Other: \_\_\_\_\_  
Please describe your product/service: \_\_\_\_\_

## Owner Information List primary owners below and provide a current Personal Financial Statement for each owner\*\*\*

Name & Social Security #	Date of Birth	Complete Address	% of Ownership	Title
Name & Social Security #	Date of Birth	Complete Address	% of Ownership	Title
Name & Social Security #	Date of Birth	Complete Address	% of Ownership	Title
Name & Social Security #	Date of Birth	Complete Address	% of Ownership	Title

Are all of the above U.S. Citizens? ☐ YES ☐ NO

If the answer above is NO, please list the name of the individual(s) and their country of citizenship.

Name	Country of Citizenship	Name	Country of Citizenship

\* Co-Applicant(s) must complete, sign, and initial the Co-Applicant WFSBA Lending Loan Application form.

\*\* The undersigned authorize Wells Fargo Bank, N.A. to fax printed materials to the fax number indicated above.

\*\*\* Must include all owners with 20% ownership or more or persons with authority/control if percentage of ownership is not applicable.

Bank Use Only

Job ID Number:

Date Received: / /

## Request Information

Loan	Line	Amount	Purpose
1.	<input type="checkbox"/>	<input type="checkbox"/>	
Loan	Line	Amount	Purpose
2.	<input type="checkbox"/>	<input type="checkbox"/>	
Address where loan proceeds to be used, if different from Primary Business location (P.O. Box not allowed)			
Street	City	State	Zip
1.			
Street	City	State	Zip
2.			

## Accounts (At financial institutions other than Wells Fargo Bank, National Association)

Bank Name	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Current Balance
	<input type="checkbox"/> BUSINESS <input type="checkbox"/> LOAN/LINE		\$
Bank Name	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Current Balance
	<input type="checkbox"/> BUSINESS <input type="checkbox"/> LOAN/LINE		\$

## Automatic Payment/Overdraft Protection

### Automatic Payment

☐ Yes, set up automatic payment to my new Wells Fargo loan or line of credit from my Wells Fargo business checking account number

### Overdraft Payment

☐ Yes, set up Overdraft Protection from my new Wells Fargo line of credit and cover overdrafts by advancing funds to my Wells Fargo business checking account number

**Note:** Customers can only request Overdraft Protection coverage through ONE credit facility product (i.e. Revolving Line, Equity Line, etc.)

## Application Information (if your answer to any of the questions below is "Yes", please attach a description providing further information)

1. Is the Applicant, or any officer, Principal or Partner of the Applicant currently on the Board of Directors or an executive officer of Wells Fargo Bank, National Association or Wells Fargo & Co., other Bank, Thrift or S & L?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has any Applicant, co-borrower, co-signer, or guarantor ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Is the Applicant or any Officer, Principal, or Partner of the Applicant currently employed with the Bank's external auditor, KPMG?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Has the Applicant used or done business under any other names?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Does the Applicant use hazardous substances in the normal course of business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Does the Applicant or business guarantor hold any assets in trust? (If YES: CA, ID, IA, IN, KS, MN, MO, ND, NE, NM, NV, OH, OR, SD, TX, UT customers provide a copy of the title page and signature page only. All other states should provide a copy of the complete Trust Agreement.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Does the Applicant own 25% or more of another company? If "YES" note Company Name.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Is the Applicant, or any officer, Principal or Partner of the Applicant, or a member of their respective household, currently a GS-13 or higher government employee, Major or Lieutenant Commander or higher in the military?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Have you ever filed bankruptcy? If so, please provide details.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## Money Services Business Questions

1. Do you deal in or exchange currency for your customers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you issue or sell money orders, traveler's checks. Or open stored value cards to your customers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Do you cash checks, money orders, or traveler's checks for your customers? (e.g., Check Cashers)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Do cash or provide money back from checks, money orders, traveler's checks or open stored value cards for your customers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Do you ever do any of the prior items for more than \$1,000 in one day to the same customer in one or more transactions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Does your business accept funds from customers and send the funds based on customers' instructions (Money Transmitter)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PREVIOUS SBA OR OTHER FEDERAL GOVERNMENT DEBT:** If you or any principals or affiliates have 1) ever requested Government Financing, or 2) are currently delinquent on the repayment of any Federal Debt, please complete the following:

Name of Agency	Original Amount of Loan	Date of Request	Approved or Declined	Balance	Current or Past Due

## Information for Government Monitoring Purposes

The following information is requested by the U.S. Small Business Administration in order to monitor that SBA assistance is being provided to diverse populations. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. If you furnish the information please provide both ethnicity and race. For race, you may check more than one designation. If you choose not to furnish ethnicity, race, or gender information, and you have made this application in person, under Federal regulations we are required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

**Applicant** ☐ I do not wish to furnish gender, race or ethnicity information

**Race** (Check all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Pacific Islander

**Ethnicity** ☐ Hispanic or Latino ☐ Not Hispanic or Latino **Gender** ☐ Female ☐ Male

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## Agreement

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By signing below, the signer(s) certifies that he/she is authorized to execute this Application for the business named above ("Applicant") and that I (we) further certify that I (we) have verified that all the information in this application and all other documents, forms, financial information, and federal income tax returns is complete and correct. The signer(s) further agrees to notify Wells Fargo Bank, N.A. ("Bank") promptly of any material change in any such information. The signer(s) authorizes Bank to obtain consumer and/or business reports, including, inquiries to the Internal Revenue Service or the Franchise Tax Board, in their names as individuals at any time. The signer(s) further agrees to notify the Bank promptly of any material change in any such information. The signer(s) further authorizes the Bank to obtain balance and payoff information on all accounts requiring payoff as a condition of granting credit. The signer(s) understands and agrees that this application is subject to final credit approval. Except in Arizona, if the business owner is married, a spouse's signature is not required unless he or she is a co-owner of the business. An electronic transmission or other facsimile of this signed document shall be deemed an original and shall be admissible as evidence of the document and the signer's execution.

**California Residents:** Applicant, if an individual and married, may apply for a separate account. California applicants and co-applicants must submit IRS Form 4506-T *Request for Transcript of Tax Return* with this application, or the application may be rejected.

**Ohio Residents:** The Ohio law against discrimination requires that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

**Married Wisconsin Residents:** No provision of any marital property agreement, unilateral statement under §766.59, Wis. Stats., or court decree under §766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or court decree or has actual knowledge of the adverse provision.

In accordance with California Civil Code 2955.5(b), which requires that a lender provide this disclosure to a borrower, you are hereby notified that Civil Code 2955.5(a) states that no lender shall require a borrower, as a condition of receiving or maintaining a loan secured by real property, to provide hazardous insurance coverage against risks to the improvements on that real property in an amount exceeding the replacement value of the improvements on the property. The amount of replacement or insurable value coverage required by Wells Fargo will be determined upon completion of an appraisal and costing or other evaluation documentation or information for the subject loan.

Submitting personal information electronically can be risky and Applicant assumes all associated risk when submitting information electronically. Upon receipt by Bank, the information will be treated and protected as confidential information.

THIS APPLICATION MUST BE REVIEWED, SIGNED AND INITIALED BY ONE OR MORE OWNERS/OFFICERS/MEMBERS/PARTNERS/INDIVIDUALS HAVING THE AUTHORITY TO SIGN AND MAKE THE STATEMENTS CONTAINED HEREIN ON BEHALF OF THE APPLICANT (Failure to do so may result in rejection of the application.)

Applicant/Signers	Title	Date
1. X		
2. X		
3. X		
4. X		

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## Verification of intent to seek Joint Credit

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Initials	If Applicant is applying for joint credit with one or more co-applicant(s), Applicant's initials to the left certify that Applicant intends to apply for joint credit with such co-applicant(s).
1.	
2.	
3.	
4.	

# Wells Fargo SBA Lending Loan Application



## Adverse Action Notice *Applicant's Copy*

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning Wells Fargo Bank, National Association is the District Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, TX 77010.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please write Wells Fargo Bank at:

**Clelia Brigneti**  
**1455 W. Lake Street**  
**Minneapolis, Minnesota 55408-2648**  
**MAC N9338-030**

or call:

**(612) 667-0415**

within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

## Appraisal Notice

You have the right to receive, upon written request, a copy of any appraisal report, which is prepared in connection with your request for credit if the appraised property is located in California, or if the appraised property is a 1-4 family dwelling located in any state. The right to receive the appraisal report is conditioned upon your paying for all appraisal fees (and, for California Non-Residential real property, all actual costs of duplicating the appraisal report). If you are entitled and wish to receive a copy of the appraisal report, please submit a written request to:

Wells Fargo Bank, N.A.  
SBA Lending  
Lending Manager  
3<sup>rd</sup> Floor  
1455 W. Lake Street  
Minneapolis, Minnesota 55408-2648  
MAC N9338-030

Your written request for a copy of the appraisal report must be received by Wells Fargo no later than 90 days after Wells Fargo provides notice of the action taken on your application, or a notice of incompleteness, or your application has been withdrawn.

***Applicant: Retain for your records***

# Wells Fargo SBA Lending Loan Co-Applicant Application

WELLS  
FARGO

## Co-Applicant Information

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

<input type="checkbox"/> This co-applicant is a business entity. Full legal name of the business entity:	<input type="checkbox"/> This co-applicant is an individual or sole proprietorship. Legal name of the individual:
DBA:	DBA:

Federal Tax ID/SSN/EIN	Type of Ownership:
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other: _____

Primary Business Location (P.O. Box not allowed)				
Street	City	State	Zip	Primary Phone ( ) -

Mailing Address, if different (Street Address or P.O. Box)				
Street	City	State	Zip	Fax Number* ( ) -

Individual or Sole Proprietor Primary Residential Address				
Street	City	State	Zip	E-mail Address

## Owner Information List primary owners below and provide a current Personal Financial Statement for each owner\*\*

Name & Social Security #	Date of Birth	Complete Address	% of Ownership	Title

Name & Social Security #	Date of Birth	Complete Address	% of Ownership	Title

Are all of the above U.S. Citizens? ☐ YES ☐ NO

If the answer above is NO, please list the name of the individual(s) and their country of citizenship.

Name	Country of Citizenship	Name	Country of Citizenship

## Accounts (at Financial Institutions other than Wells Fargo Bank, National Association)

Bank Name	Account Number	<input type="checkbox"/> Business	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan/Line	Current Balance \$
Bank Name	Account Number	<input type="checkbox"/> Business	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan/Line	Current Balance \$

## Co-Application Information (if your answer to any of the questions below is "Yes", please attach a description providing further information)

1. Is the Co-Applicant, or any officer, Principal or Partner of the Co-Applicant currently on the Board of Directors or an executive officer of Wells Fargo Bank, National Association or Wells Fargo & Co., other Bank, Thrift or S & L?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has any Co-Applicant, co-borrower, co-signer, or guarantor ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Is the Co-Applicant or any Officer, Principal, or Partner of the Co-Applicant currently employed with the Bank's external auditor, KPMG?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Has the Co-Applicant used or done business under any other names?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Does the Co-Applicant use hazardous substances in the normal course of business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Does the Co-Applicant or business guarantor hold any assets in trust? (If YES: CA, ID, IA, IN, KS, MN, MO, ND, NE, NM, NV, OH, OR, SD, TX, UT and WY customers provide a copy of the title page and signature page only. All other states should provide a copy of the complete Trust Agreement.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Does the Co-Applicant own 25% or more of another company? If "YES" note Company Name.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Is the Co-Applicant, or any member of their household, currently a GS-13 or higher government employee, Major or Lieutenant Commander or higher in the military?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Have you ever filed bankruptcy? If so, please provide details.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

\* The undersigned authorize Wells Fargo Bank, N.A. to fax printed materials to the fax number indicated above.

\*\* Must include all owners with 20% ownership or more or persons with authority/control if percentage of ownership is not applicable.

## Money Services Business Questions

1. Do you deal in or exchange currency for your customers?	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
2. Do you issue or sell money orders, traveler's checks. Or open stored value cards to your customers?	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
3. Do you cash checks, money orders, or traveler's checks for your customers? (e.g., Check Cashers)	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
4. Do cash or provide money back from checks, money orders, traveler's checks or open stored value cards for your customers?	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
5. Do you ever do any of the prior items for more than \$1,000 in one day to the same customer in one or more transactions?	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
6. Does your business accept funds from customers and send the funds based on customers' instructions (Money Transmitter)?	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>

## Information for Government Monitoring Purposes

The following information is requested by the U.S. Small Business Administration in order to monitor that SBA assistance is being provided to diverse populations. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you choose not to furnish ethnicity, race, or gender information, and you have made this application in person, under Federal regulations we are required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

**Co-Applicant** ☐ I do not wish to furnish gender, race or ethnicity information

**Race** (Check all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Pacific Islander

**Ethnicity** ☐ Hispanic or Latino ☐ Not Hispanic or Latino **Gender** ☐ Female ☐ Male

## Agreement

By signing below, the signer(s) certifies that he/she is authorized to execute this Application for the co-applicant named above ("Co-Applicant"), and that I (we) further certify that I (we) have verified that all the information in this application and all other documents, forms, financial information, and federal income tax returns is complete and correct. The signer(s) further agrees to notify Wells Fargo Bank, N.A. ("Bank") promptly of any material change in any such information. The signer(s) authorizes Bank to obtain consumer and/or business reports, including, inquiries to the Internal Revenue Service or the Franchise Tax Board, in their names as individuals at any time. The signer(s) further agrees to notify the Bank promptly of any material change in any such information. The signer(s) further authorizes the Bank to obtain balance and payoff information on all accounts requiring payoff as a condition of granting credit. The signer(s) understands and agrees that this application is subject to final credit approval. Except in Arizona, if the business owner is married, a spouse's signature is not required unless he or she is a co-owner of the business. An electronic transmission or other facsimile of this signed document shall be deemed an original and shall be admissible as evidence of the document and the signer's execution.

**California Residents:** Co-Applicant, if an individual and married, may apply for a separate account. California applicants and co-applicants must submit IRS Form 4506-T Request For Transcript of Tax Return with this application, or the application may be rejected.

**Ohio Residents:** The Ohio law against discrimination requires that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

**Married Wisconsin Residents:** No provision of any marital property agreement, unilateral statement under §766.59, Wis. Stats., or court decree under §766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or court decree or has actual knowledge of the adverse provision.

In accordance with California Civil Code 2955.5(b), which requires that a lender provide this disclosure to a borrower, you are hereby notified that Civil Code 2955.5(a) states that no lender shall require a borrower, as a condition of receiving or maintaining a loan secured by real property, to provide hazardous insurance coverage against risks to the improvements on that real property in an amount exceeding the replacement value of the improvements on the property. The amount of replacement or insurable value coverage required by Wells Fargo will be determined upon completion of an appraisal and costing or other evaluation documentation or information for the subject loan.

Submitting personal information electronically can be risky and Applicant assumes all associated risk when submitting information electronically. Upon receipt by Bank, the information will be treated and protected as confidential information.

### SIGNATURE SECTION – Applicable to all Co-Applicants:

THIS APPLICATION MUST BE REVIEWED AND SIGNED BY ONE OR MORE OWNERS/OFFICERS/MEMBERS/PARTNERS/INDIVIDUALS HAVING THE AUTHORITY TO SIGN AND MAKE THE STATEMENTS CONTAINED HEREIN ON BEHALF OF THE CO-APPLICANT (Failure to do so may result in rejection of the application.) (Make additional copies, as needed.)

Co-Applicant/Signers	Title	Date
1. X		
2. X		

## Verification of intent to seek Joint Credit

By initialing or signing in the space to the left, Co-Applicant(s) certifies that the Co-Applicant(s) intends to apply for joint credit with the other applicant submitting this or a related application.

Initials
1.
2.



# Well Fargo SBA Lending Loan Application

The Wells Fargo logo, consisting of the words "WELLS" and "FARGO" stacked vertically in a white, sans-serif font on a black rectangular background.

## Adverse Action Notice

*Co-Applicant's Copy*

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning Wells Fargo Bank, National Association is the District Office of the Comptroller of the Currency, 1301 McKinney Street, Suite 3450, Houston, TX 77010-0905.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please write Wells Fargo Bank at:

**Clelia Brigneti**  
**1455 W. Lake Street**  
**Minneapolis, Minnesota 55408-2648**  
**MAC N9338-030**

or call:

**(612) 667-0415**

within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

## Appraisal Notice

You have the right to receive, upon written request, a copy of any appraisal report, which is prepared in connection with your request for credit if the appraised property is located in California, or if the appraised property is a 1-4 family dwelling located in any state. The right to receive the appraisal report is conditioned upon your paying for all appraisal fees (and, for California Non-Residential real property, all actual costs of duplicating the appraisal report). If you are entitled and wish to receive a copy of the appraisal report, please submit a written request to:

Wells Fargo Bank, N.A.  
SBA Lending  
Lending Manager  
3<sup>rd</sup> Floor  
1455 W. Lake Street  
Minneapolis, Minnesota 55408-2648  
MAC N9338-030

Your written request for a copy of the appraisal report must be received by Wells Fargo no later than 90 days after Wells Fargo provides notice of the action taken on your application, or a notice of incompleteness, or your application has been withdrawn.

***Co-Applicant: Retain for your records***

## New Account Identification Requirements

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

# Authorization to Release Information

Each person signing below agrees as follows:

I, as an individual, even if a title follows my signature below, and on behalf of the business making this application (the "Business") hereby authorize the release to Wells Fargo SBA Lending, a division of Wells Fargo Bank, National Association ("Wells Fargo"), (i) all information requested by Wells Fargo for the purpose of processing and evaluating the Business's request for an extension of credit and if credit is extended, for the purpose of reviewing the Business on an ongoing basis and (ii) because I will guaranty the obligations of the Business, all information requested by Wells Fargo on me, personally. I also authorize Wells Fargo to release information in Wells Fargo's possession that relates to either the Business or to me, personally, to various business professionals who may be involved in the transaction, including, but not limited to, commercial real estate brokers, real estate agents, accountants, attorneys, franchisors and certified development companies (CDC's) as well as any other entity Wells Fargo deems necessary for any reason related to the Business's request for credit and any resulting credit transaction.

I hereby declare that the information I have provided Wells Fargo for the evaluation and processing of the Business's request for credit, including information on me, personally and the information described in exhibits or attachments, is true and correct and with respect to financial statements, accurately reflects the financial condition of the subject thereof as of the date specified therein.

I hereby acknowledge that no approval of the request for credit shall be binding on Wells Fargo unless it is in writing and signed by an officer of Wells Fargo. The approval shall be subject to the terms and conditions contained in Wells Fargo's written approval

By signing below, I agree on behalf of the Business and if I am providing my guaranty of the obligations of the Business, me personally that (i) Wells Fargo is authorized now and in the future to obtain credit bureau reports on me personally ; (ii) Wells Fargo has the right to verify the accuracy of the information provided by me or the Business; and the credit requested will be used for business purposes.

NOTE: Each individual who has an ownership interest in the Business, is authorized to sign for the Business, or is going to guaranty this credit transaction must sign below.

Agreed and acknowledged,

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## DEBT SCHEDULE

Name of Operating Company: \_\_\_\_\_

Date: \_\_\_\_\_ \*

***PLEASE LIST ALL EXISTING BUSINESS DEBTS***

Creditor Name	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payments	Security	Current or Delinquent
Total Present Balance**			\$	Total Montly Payment		\$		

\*Should be the same date as current financial statement.

\*\*Total must agree with balance shown on current financial statement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**United States of America**  
**SMALL BUSINESS ADMINISTRATION**  
**STATEMENT OF PERSONAL HISTORY**

**Please Read Carefully - Print or Type**

Each member of the small business or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:

1. By the proprietor, if a sole proprietorship.
2. By each partner, if a partnership.
3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock, if a corporation, limited liability company, or a development company.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)		SBA District/Disaster Area Office	
		Amount Applied for (when applicable)	File No. (if known)
1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.  <div style="display: flex; justify-content: space-between;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>		2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company  Social Security No.  3. Date of Birth (Month, day, and year)  4. Place of Birth: (City & State or Foreign Country)	
Name and Address of participating lender or surety co. (when applicable and known)		5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____	
6. Present residence address: From: To: Address:  Home Telephone No. (Include A/C): Business Telephone No. (Include A/C):		Most recent prior address (omit if over 10 years ago): From: To: Address:	

**PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.**

**IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.**

**IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.**

7. Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire.)	
8. Have you ever been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.	

**CAUTION:** Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 by imprisonment of not more than five years and/or a fine of not more than \$10,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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**Agency Use Only**

11. <input type="checkbox"/> Fingerprints Waived <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Date</span> <span>Approving Authority</span> </div> <input type="checkbox"/> Fingerprints Required <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Date</span> <span>Approving Authority</span> </div> Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Date</span> <span>Approving Authority</span> </div> 13. <input type="checkbox"/> Request a Character Evaluation <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Date</span> <span>Approving Authority</span> </div> (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
--	--

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**



## **NOTICES REQUIRED BY LAW**

The following is a brief summary of the laws applicable to this solicitation of information.

### **Paperwork Reduction Act (44 U.S.C. Chapter 35)**

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

### **Privacy Act (5 U.S.C. § 552a)**

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.



# Management Resume

Please fill in all spaces using first, middle and maiden names – no initials. If an item is not applicable, please indicate so.

You may include additional relevant information on a separate exhibit. This application contains two Management Resume forms. For additional forms, please photocopy.

Name \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Maiden Last

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Residence Telephone ( ) \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City State Zip

Previous Address \_\_\_\_\_  
Street City State Zip

Lived in previous address from \_\_\_\_\_ to \_\_\_\_\_  
Month and Year Month and Year

\*Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Maiden Last

*\*You are not required to provide information regarding a spouse unless the spouse is a co-applicant for the loan, you are relying on the spouse's income for repayment of the loan, you reside in a community property state, the proposed business is located in such a state, or you are relying on alimony, child support, or separate maintenance as a source of repayment.*

## General Information *(If married, these questions apply to both you and your spouse)*

Have you ever obtained credit under any other name(s)? If yes, furnish details under a separate page. ☐ Yes ☐ No

Have you ever been a principal or guarantor of a firm that declared bankruptcy? ☐ Yes ☐ No

Are any assets held in Trust? If yes, please include a copy of the first and last page of the Trust Agreement. ☐ Yes ☐ No

Are you party to any claims or lawsuits? ☐ Yes ☐ No

Do you have any outstanding judgements? ☐ Yes ☐ No

Are you a co-signer or guarantor of any other debt? ☐ Yes ☐ No

## Work Experience *(List chronologically for the past 10 years, beginning with present employment. Attach additional sheets if necessary.)*

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

Company Name/Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties \_\_\_\_\_

## Education

College or Technical Training Name and Location	Dates Attended From/To	Major	Degrees or Certificates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

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

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
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		Contingent Liabilities	
Salary .....	\$	As Endorser or Co-Maker .....	\$
Net Investment Income .....	\$	Legal Claims & Judgments .....	\$
Real Estate Income .....	\$	Provision for Federal Income Tax .....	\$
Other Income (Describe below)* .....	\$	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 Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(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 this 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 attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
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)

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

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

PLEASE NOTE:	The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. <b>PLEASE DO NOT SEND FORMS TO OMB.</b>
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Form

**4506-T****Request for Transcript of Tax Return**

OMB No. 1545-1872

(Rev. April 2006)

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

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

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

**Caution:** If a third party requires you to complete Form 4506-T, **do not** sign Form 4506-T if lines 6 and 9 are blank.

- 6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . ☐
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . . ☐
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . . ☐
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

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

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

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

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

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

## General Instructions

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

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

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

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

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

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501  978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362  770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 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, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, 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) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

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

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

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

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

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

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

### Privacy Act and Paperwork Reduction Act Notice

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

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

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

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

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