



SOUTHERN DALLAS DEVELOPMENT CORPORATION

Dear Loan Applicant:

Thank you for your interest in the loan programs of Southern Dallas Development Corporation. Enclosed you will find general information about our organization, details regarding each of our loan programs, and an application. You may also obtain information from our website [www.sddc.org](http://www.sddc.org).

If you require further information, or if you have questions about the enclosed materials, please contact Luis Ramirez at 214-948-7800, ext. 13. We look forward to helping you with your business financial needs.

Thank you.



**Southern Dallas Development Corporation**

*"Economic Development through Business Financing."*

**LOAN APPLICATION PACKAGE**



## LOAN APPLICATION

**At SDDC, we understand the capital needs of small businesses.**

**Fill out the application and use the checklist to complete your package.**

**Return to:  
SDDC  
400 S. Zang Blvd.  
Suite 1210  
Dallas, TX 75208**

**Ph 214-948-7800  
Fx 214-948-8104**

**Website:  
[www.sddc.org](http://www.sddc.org)**

### **SDDC Can Assist Your Business Growth and Expansion**

Whether it is working capital for expanding operations, major equipment purchases or long term real estate financing, SDDC has loan programs designed to assist Dallas-area businesses.

SDDC and its affiliates, in cooperation with the banking community and the City of Dallas, offer financing that bridges the gap between your business needs and what the bank will directly loan.

### **Complete and provide all documentation requested on the checklist below:**

- Completed Signed Application**  
Fill in all blanks. Each principal must sign and date the application.
- Debt Schedule**  
List all existing business debt including capital leases.
- A Personal Financial Statement for each Principal, owning 20% or more of the business.**
- Most Recent Tax Return for each Principal**  
Complete with all supporting schedules.
- Three Years of Complete Financial Statements**  
Including balance sheet, income statement and cover letter (if CPA prepared).
- Past Three Year's Tax Returns of Business**
- Current Interim Financial Statement, dated within the past 90 days**
- Financial Projections and Assumptions**  
Provide financial projections for at least two years if in business less than three years and/or when seeking business expansion funds.
- Supporting Documents**  
\* Business plan, organizational papers, permits and licenses, sales agreements, lease or purchase agreements, resumes of principals and key management, etc.

\* Additional documentation may be required to document job creation and/or job retention.

*Economic Development through Business Financing*

*SDDC is a 501 © 3 non-profit organization*

## SOUTHERN DALLAS DEVELOPMENT CORPORATION

### Business Loan Application

**COMPANY INFORMATION**

Legal Name (under which tax returns are filed) \_\_\_\_\_ Business Telephone \_\_\_\_\_ Tax ID # \_\_\_\_\_ DUNS # \_\_\_\_\_  
 ( )

Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Contact \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Social Security Number \_\_\_\_\_

Type of Ownership \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
 \_\_\_ Sole Proprietor \_\_\_ Manufacturing \_\_\_ Wholesale \_\_\_ Retail \_\_\_ Services In Business Since \_\_\_\_\_  
 \_\_\_ Partnership  
 \_\_\_ Corporation  
 \_\_\_ S Corporation  
 Please describe your product/service: \_\_\_\_\_

Current number of employees: \_\_\_\_\_ Number of jobs to be created/retained with this loan: \_\_\_\_\_

**REQUEST**

Loan Amount Requested: \$ \_\_\_\_\_ Monthly payment you can afford: \$ \_\_\_\_\_

Use of Loan Proceeds: \_\_\_\_\_

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

Source of your Injection: \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Project Land Cost \$ \_\_\_\_\_ Other \_\_\_\_\_

**OWNERSHIP INFORMATION (List all owners and provide a Personal Financial Statement for those with 20% or more ownership)**

Name:	% of Ownership:	Title:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FINANCIAL INFORMATION**

Sole Proprietorships/Owners: \_\_\_\_\_ Corporations/Partnerships: \_\_\_\_\_  
 \_\_\_ Previous three years financial statements and/or \_\_\_ Previous three years financial statements  
 \_\_\_ Previous three years tax returns (incl. Schedule C) \_\_\_ Previous three years tax returns  
 \_\_\_ Current personal financial statement \_\_\_ Current financial statements for each owner/partner

\_\_\_ Partnership Agreement, Assumed Name Certificate, Articles of Incorporation/By-Laws as required

**CREDIT INFORMATION**

Bank Name	Account Number	Current Balance	Business _____ Personal _____	Checking _____ Savings _____ Loan/Line _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Has the borrower used or done business under any other name? \_\_\_ Yes \_\_\_ No
2. Is the business involved in any litigation or other legal claims or proceedings? \_\_\_ Yes \_\_\_ No
3. Has the business ever been through bankruptcy or settled any debts for less than the amount owed? \_\_\_ Yes \_\_\_ No
4. Does the business owe any past due taxes? \_\_\_ Yes \_\_\_ No
5. Are any assets shown on the business financial statement pledged or assigned? \_\_\_ Yes \_\_\_ No
6. Is the business contingently liable as an endorser or guarantor? (Include any leases, e.g., vehicle, equipment, premises) \_\_\_ Yes \_\_\_ No
7. Please provide the name of the individual(s) authorized to enter into the proposed loan transaction.

If YES to any, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ABOUT YOUR COMPANY SALES**

Projected sales for this year: \$ \_\_\_\_\_ Are your sales seasonal? \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

How many customers? \_\_\_\_\_ Do any customers represent more than 10% of sales? \_\_\_ No \_\_\_ Yes - please list with % \_\_\_\_\_

What are your selling terms? \_\_\_ Cash \_\_\_ N/10 \_\_\_ N/30 \_\_\_ N/50 Average days to collect? \_\_\_\_\_ days

What are your purchasing terms? \_\_\_ Cash \_\_\_ N/10 \_\_\_ N/30 \_\_\_ N/50

Any Government sales (local, State, Federal)? \_\_\_ No \_\_\_ Yes - percent \_\_\_\_\_%

**ABOUT YOUR FACILITIES**

Is the Business property: \_\_\_ Owned? \_\_\_ Leased? If leased, please provide a copy of the lease with this application.

If owned, what was the cost? \$ \_\_\_\_\_ What is the present market value? \$ \_\_\_\_\_

If leased, when does the lease expire? \_\_\_\_\_ What are the monthly lease payments? \$ \_\_\_\_\_

Name and address of the landlord? \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

**PROJECT INFORMATION (if loan request involves real estate)**

Is the project: \_\_\_ New Construction \_\_\_ Existing Building. # sf \_\_\_\_\_ \$ \_\_\_\_\_ Planned Construction

Are there any existing tenants that will remain in the building? \_\_\_ Yes \_\_\_ No

Do you intend to lease out any space? \_\_\_ Yes \_\_\_ No. If you answered yes to either question above, complete the information below:

Tenant	Square Footage	Lease Expires
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ABOUT YOUR MANAGEMENT**

Does the owner actively manage the company? \_\_\_ No \_\_\_ Yes - then \_\_\_ Full-time \_\_\_ Part-time \_\_\_\_\_%

Prior to owning the Business, how much experience does the owner have in the industry? \_\_\_\_\_

Who would manage the Company in the owner's absence? \_\_\_\_\_

Name	Position	Years w/Firm
_____	_____	_____

May we contact your Accountant? \_\_\_ Yes (\_\_\_\_) \_\_\_\_\_

Phone Number	Name
_____	_____

**AUTOMATIC PAYMENT**

If you would like SDDC to set up automatic monthly loan payments from your Business checking account, please indicate: \_\_\_ Yes \_\_\_ No

If yes, please include a voided check from your Business checking account with this loan application.

**SIGNATURES**

The signer(s) certifies that he/she is authorized to execute this Application for the business named above ("Applicant"), and that all information and documents submitted, including federal income tax returns, are true, correct and complete. The signer(s) authorizes SDDC ("Lender") 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 Lender promptly of any material change in any such information. The signer(s) further authorizes the Lender to obtain balance and payoff information on all accounts requiring payoff as a condition of granting credit. If the Applicant is a corporation or partnership, all owners/principals listed must sign and include their title. **The signer(s) understands and agrees that this application is subject to final credit approval.**

1.	_____	_____	_____
Signer	Title	Date	
2.	_____	_____	_____
Signer	Title	Date	
3.	_____	_____	_____
Signer	Title	Date	



## CASH FLOW STATEMENT

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

Individual                       Joint

	PRIOR YEAR <u>20</u>	CURRENT YEAR ESTIMATE
<b><u>SOURCES OF CASH</u></b>		
Salaries, Commissions, Bonuses, or any other income from employment (net)	\$ _____	\$ _____
Rent Received	_____	_____
Dividends	_____	_____
Interest Income	_____	_____
Sales of Assets	_____	_____
Royalties	_____	_____
Distribution from Estates & Trusts	_____	_____
Cash Distributions from Business, Partnerships, or Joint Ventures	_____	_____
Income Tax Refund	_____	_____
Other Sources of cash	_____	_____
<b>TOTAL CASH RECEIVED</b> (Must match Gross Income on Personal Financial Statement)	<b>\$ _____</b>	<b>\$ _____</b>
<b><u>USE OF CASH</u></b>		
Personal Expenses		
• Rent/Mortgage	\$ _____	\$ _____
• Utilities	_____	_____
• Household	_____	_____
Bank Loans-principal and interest	_____	_____
Other Loans-principal and interest	_____	_____
Insurance Payments	_____	_____
Income Taxes not Covered by Withholding	_____	_____
Other Uses of Cash (If over \$5,000, attach separate page for explanation)	_____	_____
<b>TOTAL CASH OUTLAY</b> (Must match Total Expenses on Personal Financial Statement)	<b>\$ _____</b>	<b>\$ _____</b>
Cash Flow Surplus (Deficit)	_____	_____

The undersigned certifies that the information inserted on each side has been carefully read and is true and correct.

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_

## PERSONAL FINANCIAL STATEMENT

     Joint      Individual                      Statement of Financial Condition as of \_\_\_\_\_, 20\_\_\_\_

Please complete information concerning your spouse unless you are relying solely on your separate property for repayment of the credit and your spouse will not be contractually liable for the credit. In Texas, salaries and other income are community rather than separate property. In all cases, indicate marital status. Alimony, child support, and maintenance income need not be disclosed if you choose not to rely on such income in applying for credit.

Name: _____		Occupation: _____		Business or Employer: _____		Years: _____	
Address: _____		City: _____		State: _____		Zip: _____	
Phone: _____		Soc. Sec. Number _____		Date of Birth: _____		Phone: _____	
Are you a citizen of the United States? <u>    </u> Yes <u>    </u> No							
Marital Status: <u>    </u> Married <u>    </u> Unmarried <u>    </u> Separated				Number of Dependents: _____			
Spouse Name: _____		Soc. Sec. Number _____		Date of Birth: _____		Business or Employer: _____	
						Years: _____	

Assets		In Dollars Omit Cents	Liabilities		In Dollars Omit Cents
Cash	Checking	\$ _____	Bank Debt	Unsecured	\$ _____
See Sched. 1)	Savings and CD's	_____	(See Sched. 1)	Secured	_____
Securities	Marketable	_____	Other Payables	Unsecured	_____
(See Sched. 2)	Non-Marketable	_____	See Sched. 5)	Secured	_____
Real Estate	Homestead	_____	Mortgage Payable	Homestead	_____
(See Sched. 3)	Wholly Owned	_____	on Real Estate	Wholly Owned	_____
	Other	_____	(See Sched. 3)	Other	_____
Accounts/Notes Receivable (See Schedule 4)		_____	Other Liabilities - Itemized Below:		
Automobiles/Trucks		_____			
Cash Value Life Insurance (See Sched. 6)		_____			
IRA/Retirement/Keough		_____			
Other Assets - Itemized Below:		_____			
		_____			
		_____	Total Liabilities		
		_____	\$ _____		
		_____	Net Worth (Assets minus Liabilities)		
		_____	\$ _____		
Total Assets		\$ _____	Total Liabilities and Net Worth		
		_____			

Income Statement for Year Ended _____, 20____					
Salary	_____	\$ _____	Gross Income	_____	\$ _____
Bonus and Commissions	_____	_____	Less: Living Expenses	_____	_____
Dividends	_____	_____	Note Payments	_____	_____
Real Estate Income	_____	_____	Income Taxes	_____	_____
Other - Itemized Below:	_____	_____	Other - Itemized Below:	_____	_____
	_____	_____		_____	_____
	_____	_____	Total Expenses	_____	_____
Gross Income (Carry to Next Column)	_____	\$ _____	Net Income (Gross Income Minus Total Expenses)	_____	\$ _____

The above financial statement and supporting schedules which are submitted for the purpose of establishing, obtaining and maintaining credit either severally, jointly or as guarantor, present a true, complete and correct statement of my financial condition as of the date shown. I understand that you are relying on the information contained herein in deciding to grant or to continue credit. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein.

Signature: _____	Date: _____	Prepared By (if other than borrower) _____
Signature: _____	Date: _____	Signature: _____
		Address: _____

Schedule 1 BANKS OR OTHER INSTITUTIONS WHERE DEPOSITS OR LOANS ARE CARRIED							
INSTITUTION/LOCATION	Deposits		Loans				
	Balance	Type of Account	Original Balance	Present Balance	Due Dates	Repayment Terms	Collateral, If any
	\$		\$	\$		\$	
Total	\$		\$	\$		\$	

Schedule 2 SECURITIES						
Name of Issuer	Number of Shares and Par Value	Where Traded	Market Per Share	Total Value	Pledged? (Yes/No)	Issued in Name of?
Total				\$		

Schedule 3 WHOLLY OWNED REAL ESTATE								
Address/Location	Acquisition Date	Market Value	Monthly Payments	Monthly Income	Lien Holder	Orig. Loan Amount	Present Balance	Title In Name Of?

Schedule 4 NOTES AND ACCOUNTS RECEIVABLE (INCLUDING SECURED REAL ESTATE)					
Maker and Address	Original Amount	Present Balance	Payment and Terms	Maturity	Collateral, if any
	\$	\$	\$		

Schedule 5 NOTES AND ACCOUNTS PAYABLE (INCLUDING AUTOMOBILES, BOATS, ETC.)					
Due to Whom?	Original Amount	Present Balance	Payment and Terms	Maturity	Collateral, if any
	\$	\$			

**Schedule 6**

**LIFE INSURANCE**

Name of Company	Owner of Policy	Type of Insurance	Beneficiary	Face Amount \$	Policy Loans \$	Cash Surrender Value \$
<b>Total</b>				<b>\$</b>	<b>\$</b>	<b>\$</b>

**CONTINGENT LIABILITIES** (other liabilities or debt I have endorsed, guaranteed or become otherwise indirectly, or contingently liable as endorser, co-maker, guarantor or loans, leases, contracts, legal claims, judgements, or other obligations). If none, so state.

Name of Debtor/Obligor	Name of Creditor/Obligee	Original Amount	Present Balance	Payment Terms	Maturity	Collateral

**GENERAL INFORMATION:**

1. Are you a citizen of the United States? \_\_\_ Yes \_\_\_ No
2. Do you have a will? \_\_\_ Yes \_\_\_ No If so, please show the name and address of Executor below.
3. Are you a Partner or Officer in any other business? \_\_\_ Yes \_\_\_ No
4. Are you obligated to pay alimony, child support or separate maintenance payments? \_\_\_ Yes \_\_\_ No
5. Are you a defendant in any suit or legal action? \_\_\_ Yes \_\_\_ No
6. Have you ever declared bankruptcy? \_\_\_ Yes \_\_\_ No
7. Are any of the assets included on this statement the separate property of your spouse? \_\_\_ Yes \_\_\_ No  
If the answer to any of questions 2 through 7 above is yes, please explain:

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, age (provided that 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 rights under the Consumer Credit Protection Act.

## Request for Transcript of Tax Return

OMB No. 1545-1872

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

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

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

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS 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 30 calendar 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 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. 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.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

**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, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		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.

## What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at [www.irs.gov/form4506](http://www.irs.gov/form4506). 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.

**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.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
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	RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
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	RAIVS Team Stop 6705 P-6 Kansas City, MO 64108  816-292-6102

## Chart for all other transcripts

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

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

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. 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.

**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 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.

# **OUTLINE FOR BUSINESS PLAN**

*Required when in business less than three years and/or seeking business expansion financing.*

## **I. COVER SHEET**

*Name, Address, Phone, Contact Person, Owner/President/Manager of Business, Loan Request Amount*

## **II. SUMMARY**

- A. Description of Business - What?, Why?, Etc.*
- B. Amount of Loan Requested, Purpose, Term*
- C. How Do You Propose to Repay The Loan*
- D. Collateral - What Do You Propose & Value*

## **III. BUSINESS DESCRIPTION**

- A. The Industry - Past, Present & Future*
- B. Your Place in The Industry Market*
- C. History of This Business*
- D. Present Business Description*
- E. Future Business Plan*
- F. Customers & Suppliers*

## **IV. MANAGEMENT**

- A. Key People- Resumes & Responsibilities*
- B. Personal Financial Statements*
- C. Personal Insurance*

## **V. FINANCIAL**

- A. Financial History of This Business*
- B. Justification for The Loan*
- C. Balance Sheets*
- D. Income Statements*
- E. Proforma Cash Budget*
- F. Federal Income Tax Returns*
- G. Assets: Accounts Receivable List & Aging, Inventory List,*
- H. Equipment & Other Fixed Assets Lists*

## **VI. SUPPORTING DOCUMENTS**

*Pertinent Information: Organization Papers, Permits & Licenses, Sales Agreements, Leases & Purchase Agreements, Insurance, Etc.*