



IMPORTANT INFORMATION ABOUT OPENING A LEGAL ENTITY ACCOUNT

Effective May 11, 2018, new rules under the Bank Secrecy Act will aid the government in the fight against crimes to evade financial measures designed to combat terrorism and other national security threats.

EACH time an account or loan is opened or modified for a covered Legal Entity, we are required to ask you for identifying information (name, address, date of birth, social security number as well as identification documents) for each individual that has beneficial ownership (25% or more) and one individual that has significant managerial control of the Legal Entity.

If you are opening an account on behalf of a Legal Entity, you will be required to provide the appropriate documentation and to certify that this information is true and accurate to the best of your knowledge.

We proudly support all efforts to protect and maintain the security of our members and our country.

Every Business loan is unique; however, most loans require:

- Business loan application
- Personal Financial Statement
- Most recent three years of tax returns with W-2s (personal and business)
- 4056-T Form
- Information on the collateral

We will also need:

- Business entity documents – Business license & Proof of EIN
- Corporation documents and a Resolution
- Three years of year-end, plus year-to-date financial statements, Profit & Loss and Balance Sheet
- Year-to-date paystub (if applicable)
- Two months of bank statements

For an SBA application we will need items listed above, plus:

- SBA Form 1919
- SBA Schedule of collateral
- Manager resume(s) if applicable
- Projected financial statements – Profit & Loss and Balance Sheet
- Business plan
- List of uses for the requested funds.
- Other items may be requested

We look forward to working with you and your business! Please contact us with any questions. Applications can be brought into our Gillam location or emailed to businessloans@spiritofak.com.



Spirit of Alaska Federal Credit Union Business Loan Application

Loan Request Information

Application for:		Type of Request:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Increase/Modification
<input type="checkbox"/> Business Line of Credit	Amount Requested:	\$			
<input type="checkbox"/> Term/Equipment Loan					
<input type="checkbox"/> Commercial Real Estate	Term Requested:		<input type="checkbox"/> Months	<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:			<input type="checkbox"/> Years		
Purpose of Loan:				Down Payment (if purchase)	\$
Collateral Offered:				Current valuation:	\$

Business / Applicant Information

Legal Name of Applicant (Borrower):				Tax ID Number:			
DBA (if applicable):				NAICS Code:			
Principal Place of Business Address (not PO box):			City:	State:	Zip Code:		
Mailing Address (if different):			City:	State:	Zip Code:		
Key Contact Name:				Email Address:			
Business Telephone:		Website:		Business Fax:			
Date Business Established:	Current Ownership (# of years):	Number of Employees:	Annual Sales (last full year):				
Describe Applicant's Product/Service:					State of Registration:		
Type of Ownership (Select One)							
<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> PA <input type="checkbox"/> Trust							

Owner / Guarantor Information

Please be certain to list all owners of the company. Additional guarantors who do not have an ownership in the company may be listed provided their relationship to the company and/or owners is clarified. For more than four owners, please insert additional rows.

Owner - Guarantor 1							
Name:				Title:			
Physical Address:				Birth Date:			
				SSN/TIN:			
				% Ownership:			
Owner - Guarantor 2							
Name:				Title:			
Physical Address:				Birth Date:			
				SSN/TIN:			
				% Ownership:			
Owner - Guarantor 3							
Name:				Title:			
Physical Address:				Birth Date:			
				SSN/TIN:			
				% Ownership:			
Owner - Guarantor 4							
Name:				Title:			
Physical Address:				Birth Date:			
				SSN/TIN:			
				% Ownership:			

Credit Union / Banking Relationships -- Please list the Business's Deposit Accounts

Credit Union or Bank	Account Number	Checking	Savings	Current Balance

Business Schedule of Debts - Please list the Business's debts - add additional pages if necessary

Creditor	Collateral	Current Balance	Credit Limit (if Revolving)	Note Date (mm/yyyy)	Term (month/years)	Interest Rate (%)	Monthly Payment

Other Information

Property/Casualty Insurance Company/Agent:		Insurance Agent Telephone:	
Accounting Firm/Accountant/Bookkeeper:		Acct/Book Telephone:	
Business Attorney:		Attorney Telephone:	

If you answer "Yes" to any of the following questions below, please provide details on a separate sheet.

Does any customer or supplier currently account for more than 20% of your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant ever declared bankruptcy or had any judgments, repossessions, garnishments, or other legal proceedings filed against them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant ever obtained credit under another name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any tax obligations, including payroll or real estate taxes, past due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant liable on debts not shown, including any contingent liabilities such as leases, endorsements, guarantees, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant currently a defendant in any suit or legal action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant or guarantor(s) identified in this statement currently, or intending in the future, to associate itself with any marijuana related business or activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Certification and Signatures

I (we) hereby affirm that the foregoing information contained in this business loan application, and additional information provided in support of this application, is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Spirit of Alaska is relying on this application in making loan(s) to me. Spirit of Alaska or its designee is authorized to make any investigation of the credit of the applicant(s), business owner(s) and/or guarantor(s) either directly or through any agency employed by Spirit of Alaska for that purpose now and in the future. Additionally I authorize Spirit of Alaska to obtain our personal credit report(s) and/or to make employment or investigative inquiries deemed necessary in connection with this application. I have the right to ask if a consumer credit report was requested, and if it was and I ask, I will be informed of the name and address of the consumer reporting agency that furnished the report. Spirit of Alaska may disclose to any other interested parties Spirit of Alaska's experience with this account. It is understood that a photocopy of fax of this application will also serve as authorization. I agree to inform Spirit of Alaska immediately of any matter which will cause any material change to my financial condition. I understand that Spirit of Alaska will retain this business loan application whether or not credit is granted.

_____ Signature (Owner/Guarantor)	_____ Print Name	_____ Title	_____ Date
_____ Signature (Owner/Guarantor)	_____ Print Name	_____ Title	_____ Date
_____ Signature (Owner/Guarantor)	_____ Print Name	_____ Title	_____ Date
_____ Signature (Owner/Guarantor)	_____ Print Name	_____ Title	_____ Date



Spirit of Alaska Federal Credit Union Personal Financial Statement

Financial condition as of: _____, 20 _____

This form must be completed by each: proprietor; partner or stockholder who owns 20% or more interest in the borrower, or any person providing a guaranty on the loan.

Applicant:		Co-Applicant:	
SSN:	Birth date:	SSN:	Birth date:
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
Employer:	Yrs on job:	Employer:	Yrs on job:
Position/Title/Business type:	Yrs in profession:	Position/Title/Business type:	Yrs in profession:
Employer address:		Employer address:	
1) Name & Phone Number of nearest relative not living with applicant(s):			
2) Name & Phone Number of personal reference not living with applicant(s):			
Assets Held Jointly? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Assets	Value	Liabilities	Balance Outstanding
1. Cash and Deposit Accounts (Section 1)		Notes Payable (Section 8)	
2. Marketable Securities (Section 2)		Revolving Debt	
3. Accounts, Loans and Notes Receivable (Section 3)		Unpaid Income Taxes	
4. Cash Value Life Insurance (Section 4)		Life Insurance Policy Loans (Section 5)	
6. Real Estate Investment Property (Section 5)		Mortgages - Real Estate (Section 5)	
8. Vehicles/Equipment		Unpaid Real Estate Taxes	
9. Business Interests (Section 7)		Other Debts (define)	
10. Personal Property			
11. Other Assets (define)			
12.			
13.		Total Liabilities	
14.		Net Worth (Total Assets - Total Liabilities)	
15. Total Assets		Total Liabilities + Net Worth	

Sources of Income	Applicant	Co-Applicant	Annual Expenditures	Applicant	Co-Applicant
Salary, Bonus, and Commission	\$	\$	Payments on contracts and other notes	\$	\$
Net Investment Income	\$	\$	Real Estate Loan Payments	\$	\$
Real Estate Income	\$	\$	Property Taxes and Assessments	\$	\$
Business Income	\$	\$	Insurance Payments	\$	\$
Other Income*	\$	\$	Other (Alimony, child support, maintenance)	\$	\$

Provide Description of Other Income:

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Provide details of all contingent liabilities (Guarantor; Co-Maker; Lease Obligations; Legal Claims & Judgements):

Section 1 - Cash Accounts			
Account Title	Financial Institution	Balance	Pledged Y/N
Total to Assets - Line 1		\$0	

Section 2 - Marketable & Non-Marketable Securities / Brokerage Accounts					
# of Shares	Description	In Name Of	Pledged To	Market Value	Source of Value
Total to Assets - Line 2				\$0	

Section 3 - Accounts, Loans, and Notes Receivable				
Receivable Holder	Original Balance	Current Balance	Annual Income	Collateral
Total Current Balance to Assets - Line 3		\$0		

Section 4 - Life Insurance Carried (Including Group Insurance)

Owner of Policy	Face Amount	Cash Value (Asset)	Policy Loan (Liability)	Beneficiary
		\$0	\$0	

Section 5 - Schedule of Real Estate Owned

Address	Percent Owned	Date Acquired	Current Value (Asset)	Annual Rental Income	Mortgage Balance (Liability)	Monthly Payment	Interest Rate (%)	Mortgage Holder
Totals			\$0	\$0	\$0	\$0		

Section 6 - Business Interests (Sole Proprietor/Partnerships/LLCs/S-Corps)

Name of Business	Type of Interest	Your % Ownership	Your Value	Total Net Worth	Nature of Business	Tax ID Number
Total of Your Value to Assets - Line 9			\$0			

Section 8 - Schedule of Debts/Notes Payable

Note Holder	Original Balance	Current Balance	Monthly Payment	Rate (%)	Collateral
Total of Current Balances to Liabilities - Line 2		\$0		\$0	

The following information is applicable to the person(s) signing this Personal Financial Statement

	Applicant		Co-Applicant	
1. Are you a U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you involved in any suits or legal actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you or any firm in which you were a major owner ever declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have any judgments ever been entered against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have ownership in or are you a partner in any other corporation or partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you pay alimony, child support, or separate maintenance payments? If yes, amount \$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you have any contested tax liens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have any contingent liabilities as endorser or guarantor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any debts past due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever had any assets repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you applied for a loan in the past six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are you currently or intending in the future to be associated or involved with a marijuana related business or activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you expect any significant changes to the information stated above in the next year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Have you established a revocable or irrevocable trust? Please provide details below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to questions 2-14, please provide details:

Statement of Intent to Obtain Credit as Joint Applicants/Guarantors:

Yes We are applying for joint credit in both our names No The request is for individual credit in the name of: _____

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

Signature _____ Print Name _____ Title _____ Date _____

Signature _____ Print Name _____ Title _____ Date _____ Page 2

Request for Transcript of Tax Return

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

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

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5a 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.	
5b Customer file number (if applicable) (see instructions)	

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

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

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

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

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

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

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

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

| / / | / / | / / | / / |

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

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

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

Future Developments

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

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

General Instructions

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

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

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

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

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

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

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

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

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

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 addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

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. 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.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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

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

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

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

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

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

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
and Publications Division
1111
Constitution Ave. NW, IR-6526 Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Borrower:

Ethnicity: *Check one or more*

- Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic or Latino

Print origin: _____

For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

- Not Hispanic or Latino
 I do not wish to provide this information

Race: *Check one or more*

- American Indian or Alaska Native

Print name of enrolled or principal tribe: _____

- Asian
 Asian Indian Chinese
 Filipino Japanese
 Korean Vietnamese
 Other Asian

Print race: _____

For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

- Black or African American
 Native Hawaiian or Other Pacific Islander
 Native Hawaiian Samoan
 Guamanian or Chamorro
 Other Pacific Islander

Print race: _____

For example: Fijian, Tongan, and so on.

- White
 I do not wish to provide this information

Sex

- Female Male
 I do not wish to provide this information

Co-Borrower

Ethnicity: *Check one or more*

- Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic or Latino

Print origin: _____

For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

- Not Hispanic or Latino
 I do not wish to provide this information

Race: *Check one or more*

- American Indian or Alaska Native

Print name of enrolled or principal tribe: _____

- Asian
 Asian Indian Chinese
 Filipino Japanese
 Korean Vietnamese
 Other Asian

Print race: _____

For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

- Black or African American
 Native Hawaiian or Other Pacific Islander
 Native Hawaiian Samoan
 Guamanian or Chamorro
 Other Pacific Islander

Print race: _____

For example: Fijian, Tongan, and so on.

- White
 I do not wish to provide this information

Sex

- Female Male
 I do not wish to provide this information

To be Completed by Financial Institution (for application taken in person):

- | | | |
|--|-----------------------------|------------------------------|
| Was the ethnicity of the Borrower collected on the basis of visual observation or surname | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Was the sex of the Borrower collected on the basis of visual observation or surname | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Was the race of the Borrower collected on the basis of visual observation or surname | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Was the ethnicity of the Additional Borrower collected on the basis of visual observation or surname | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Was the sex of the Additional Borrower collected on the basis of visual observation or surname | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Was the race of the Additional Borrower collected on the basis of visual observation or surname | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

The Demographic Information was provided through:

- Face-to-Face Interview (*includes Electronic Media w/ Video Component*)
 Telephone Interview Fax or Mail Email or Internet