

Business Loan Application



The LENDING CLUB, LLC.

Commercial Funding Solutions Across U.S.

A Division of Prime Mortgage

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BUSINESS LOAN APPLICATION CHECKLIST

This checklist has been provided to assist you in gathering the necessary information for the initial evaluation of your business loan request. Complete information will be necessary to process your application. Forms are provided for items 1-10.

REQUIRED INFORMATION

- 1. **Loan Request Form (pages 2-3)**
- 2. **History of Business Form** to be completed by all applicants including location analysis, competitive analysis and future of the business.
- 3. **Certificate of Incorporation.**
- 4. **Notes Payable Schedule.** The total of the balance due column should coincide with note balances on the Interim Business Financial Statement. (If not applicable write "None" then sign and date).
- 5. **Profit and Loss Projection** by month (attach assumptions)
- 6. **Management Resume.** Complete Management Resume form on all active principals and key managers (copy form as needed).
- 7. **Statement of Personal History (SBA Form 912)** for each person referred to in item 3 above.
- 8. **Personal Financial Statement (SBA Form 413)**. Complete the 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 voting stock and each corporate officer and director, or (4) any person or entity providing a guaranty of the loan. (Both spouses must sign and date if applicable).
- 9. **Personal Cash Flow Statement** for each individual referred to in item 8 above.
- 10. **Authorization to Obtain and Release Information.**
- 11. **IRS Form 4506-T. Complete Request for Transcript of Tax Return** and; if applicant is a corporation, signed by the president of the corporation, or any principal officer and the secretary, or the principal officer and another officer; if a partnership, one of the partners; if a sole proprietorship, the individual owner; if the loan is to acquire a business, the same signatures as above apply, based on the form of business of the seller.

IN ADDITION, PLEASE PROVIDE THE FOLLOWING:

- 12. **Business Plan** (start-up business or business expansion). Include a description of management, feasibility analysis, assumptions, site evaluation, and demographics for each location.
- 13. **Interim Profit & Loss and Balance Sheet.** Current within 45 days of application for business being: (1) acquired, (2) existing/expanded, and (3) all affiliates of applicant (20% or more ownership interest by any of the owners/partners/shareholders of proposed borrower).
- 14. **Business Financial Statements and Tax Returns.** Income statements, balance sheets, and tax returns for three prior year-end periods, including all notes and attachments, for existing business and any affiliates. Tax returns for the past three years on any business being acquired, signed and dated by the seller.
- 15. **Cash/Equity Injection.** Include the last 3 months of bank statements showing the source of cash /equity injection.
- 16. If the business is a partnership or limited partnership, a **Copy of the Partnership Agreement** or if the business is a limited liability company, a **Copy of the Certificate of Good Standing, Operating Agreement, Articles of Organization or similar instrument.**
- 17. **Copy of Proposed Purchase Agreement or Executed Purchase Agreement.** Must include cost allocation of all assets being purchased.
- 18. If applicable, **Copies of all Notes or Loan Agreements to be Refinanced.**
- 19. **Personal Tax Returns.** Copy of completed federal tax returns (or signed extension) for the past three years on each individual referenced in item 7 above. Each with original signatures.
- 20. **Copy of Existing or Proposed Lease Agreement(s)**
- 21. If not a U.S. citizen, please attach **Proof of Resident Alien Status and Acknowledgment Letter.** Photocopy both sides fo the Alien Registration card.
- 22. Photocopy of unexpired, government-issued form of photo ID for all borrowers and guarantors.

LOAN REQUEST FORM

APPLICANT COMPANY

Company Name _____
 DBA (if applicable) _____
 Name of Franchise (if applicable) _____
 Telephone _____
 Fax _____
 Address _____
 City, State, Zip _____
 Email Address _____
 Date Established _____
 Tax ID# _____
 State of Incorporation or Organization _____
 State Organization number _____

Is the Applicant Company:
 the Operating Entity; or Real Estate Holding Company

Type of Applicant Company

- S-Corporation C-Corporation Sole Proprietorship
- General Partnership Limited Liability Corporation
- Limited Partnership or Limited Liability Partnership

of Employees: Existing _____
 After this Financing _____
 Affiliates _____

Have you or any business controlled by you, ever had a lease or loan with UCB?
 Yes No
 If yes, please describe type of transaction, amount, and term.

OWNERSHIP OF APPLICANT COMPANY

List below all owners, partners, LLC members, and stockholders totaling 100% of ownership.

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Social Security Number _____
 Most recent date of acquisition of any ownership interest _____

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Social Security Number _____
 Most recent date of acquisition of any ownership interest _____

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Social Security Number _____
 Most recent date of acquisition of any ownership interest _____

(If additional owners, please attach separate sheet.)

AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have 20% ownership or controlling interest. *

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Number of Employees _____

Name _____
 Title _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email Address _____
 Percent of Ownership _____
 Number of Employees _____

(If additional affiliates, please attach a separate sheet.)

* Affiliation does also exist where an individual(s) has control of the Small Business Company and another concern(s) even though the ownership on one or both is small.

SUMMARY OF PROJECT COSTS AND EQUITY

Project Costs by Category

Dollar Amount

Real Estate Acquisition (land and building)	_____
Real Estate Acquisition (land only)	_____
Renovations / New Construction	_____
Purchase / Repair of Equipment	_____
Purchase Inventory	_____
Working Capital	_____
Refinance Debt (Photocopies of notes must be provided)	_____
Purchase Existing Business	_____
Other: _____	_____
Other: _____	_____
Other _____	_____

ESTIMATED TOTAL PROJECT COST

Less: Capital / Equity from Borrower (complete section below)

EQUALS: LOAN REQUEST

Sources of Capital / Equity Injection

1. Bank Account (Please attach statement)	_____
2. Sale of Assets (Please attach details)	_____
3. Loans / Gifts from family or other persons	_____
4. Other: _____	_____
_____	_____
_____	_____

TOTAL CAPITAL / EQUITY TO BE INJECTED

HISTORY OF BUSINESS

(Use a separate sheet to answer questions if necessary)

BACKGROUND AND HISTORY OF COMPANY/BUSINESS (Including Business to be Acquired)

NATURE OF BUSINESS, TYPES OF PRODUCTS/SERVICES

CUSTOMER PROFILE

LIST KEY CUSTOMERS

LIST MAJOR COMPETITORS

MAJOR PAST ACCOMPLISHMENTS

FUTURE EXPANSION

Does your company currently have plans for future expansion?

Number of Locations? _____

Over What Period of Time? _____

How many new company locations are planned for this market?

HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTUNITIES?

Signature: _____ Date: _____

CERTIFICATE OF CORPORATION , COMPANY, OR PARTNERSHIP

S- CORPORATION

C- CORPORATION

LIMITED LIABILITY COMPANY

PARTNERSHIP (General, Limited or Limited Liability)

OFFICERS

President

Vice President

Secretary

Treasurer

MEMBERS / PARTNERS

Date when last acquired

List all

SHAREHOLDERS

Name

Number of Shares

% of Shares outstanding

Date when last acquired

DIRECTORS

PROFIT AND LOSS PROJECTION

Company Name:

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	TOTAL
Sales: Cash													
Credit													
Total Sales													
Cost of Sales													
Gross Profit													
Officer Salary (ies)													
Wages													
Rent-Property													
Rent-Equipment													
Auto/Truck Expenses													
Office Supplies													
Advertising													
Telephone & Utilities													
Bad Debts													
Taxes/Licenses													
Depreciation													
Repairs/Maintenance													
Accounting/Legal													
Interest													
Insurance (all)													
Office Expenses													
Royalties													
Miscellaneous													
Other													
Total Expenses													
Net Profit													

Please attach assumptions to this projection

Signature: _____

Date: _____

PROFIT AND LOSS PROJECTION

Company Name: _____

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	TOTAL
Sales: Cash													
Credit													
Total Sales													
Cost of Sales													
Gross Profit													
Officer Salary (ies)													
Wages													
Rent-Property													
Rent-Equipment													
Auto/Truck Expenses													
Office Supplies													
Advertising													
Telephone & Utilities													
Bad Debts													
Taxes/Licenses													
Depreciation													
Repairs/Maintenance													
Accounting/Legal													
Interest													
Insurance (all)													
Office Expenses													
Royalties													
Miscellaneous													
Other													
Total Expenses													
Net Profit													

Please attach assumptions to this projection

Signature: _____

Date: _____



Please Read Carefully - Print or Type

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)

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.

First Middle Last

2. Give the percentage of ownership or stock 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? YES NO

If No, are you a Lawful

Permanent resident alien? YES NO

If non-U.S. citizen, provide alien registration number:

6. Present residence address:

Most recent prior address (omit if over 10 years ago):

From:

From:

To: PRESENT

To:

Address:

Address:

Home Telephone No. (Include A/C):

Business Telephone No. (Include A/C):

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?

Yes 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.)

Yes 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?

Yes No

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



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

PERSONAL CASH FLOW STATEMENT

NAMES: _____

Provide the following information regarding sources and uses of personal cash during the most recent calendar year and your projections for the current year and the next year. Explain any cash flow deficit.

TYPE: Individual Joint **BASIS:** Monthly Annual

SOURCES OF CASH	Last Year	Current Year	Next Year
Salaries/Wages (net of deductions)	_____	_____	_____
Commissions / Bonuses (net of deductions)	_____	_____	_____
Rental Income	_____	_____	_____
Dividend Income	_____	_____	_____
Interest Income	_____	_____	_____
Distributions from Estates & Trusts	_____	_____	_____
Cash Received from Individual Business(es), Partnership(s), or Joint Ventures	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
TOTAL INCOME/CASH	_____	_____	_____

USES OF CASH	Last Year	Current Year	Next Year
Bank Loans (Principal & Interest)	_____	_____	_____
Other Loans (Principal & Interest)	_____	_____	_____
Personal Housing Expense (Mortgage or Rent)	_____	_____	_____
Mortgage Loans (P&I) (Not including personal residence)	_____	_____	_____
Insurance	_____	_____	_____
Income Taxes not covered by withholding	_____	_____	_____
Utilities-Electric, Gas, Water, Telephone	_____	_____	_____
Personal Expenses (Food, Clothing, Entertainment, etc.)	_____	_____	_____
Credit Cards and other revolving debt	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
TOTAL CASH OUTLAYS	_____	_____	_____
CASH FLOW SURPLUS (Deficit)	_____	_____	_____

The undersigned certifies that the information provided herein is true and correct.

Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

SMALL BUSINESS LENDING - AUTHORIZATION TO RELEASE INFORMATION

In connection with this application for financing (and any update, extension, modification, renewal or review of such financing, if it is granted), each of the undersigned hereby; authorizes United Central Bank the ("Lender) to make all inquiries it deems necessary to verify the accuracy of the information provided herein and to determine my creditworthiness including, without limitation, obtaining consumer and/or business credit reports regarding me or any entity I am affiliated with. Each of the undersigned individual hereby acknowledges that Lender will obtain a consumer credit report concerning them

The Lender may, at any time in its sole discretion, disclose the status of the proposed financing transaction and the credit data and other information concerning or relating to the undersigned or the proposed financing transaction to the SBA, referral sources, franchisors, vendors, loan participants, other lenders, agents and affiliates of any undersigned or the Lender.

The undersigned hereby certify that the enclosed application information, including all attachments, exhibits, schedules, etc., are valid, accurate and complete.

All owners including stockholders with 20% or more ownership interest, partners, directors and guarantors must sign this form (spouses should sign when applicable).

Company _____
Name _____
Title _____
Home Address _____
Social Security Number _____
Date _____
Signature _____

Company _____
Name _____
Title _____
Home Address _____
Social Security Number _____
Date _____
Signature _____

Company _____
Name _____
Title _____
Home Address _____
Social Security Number _____
Date _____
Signature _____

Company _____
Name _____
Title _____
Home Address _____
Social Security Number _____
Date _____
Signature _____

Company _____
Name _____
Title _____
Home Address _____
Social Security Number _____
Date _____
Signature _____

Company _____
Name _____
Title _____
Home Address _____
Social Security Number _____
Date _____
Signature _____

Form **4506-T**

(January 2004)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable parts have been completed.**
Read the instructions on page 2.

▶ **Request may be rejected if the form is incomplete, illegible, or any required part was blank at the time of signature**

OMB No. 1545-1872

TIP: Use new 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.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

CAUTION: Lines 6 and 7 must be completed if the third party requires you to complete Form 4506-T. Do not sign Form 4506-T if the third party requests that you sign Form 4506-T and lines 6 and 7 are blank.

6 Product requested. Most requests will be processed within 10 business days. If the product requested relates to information from a return filed more than 4 years ago, it may take up to 30 days. Enter the return number here and check the box below. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are generally 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. _____

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. _____

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. _____

d Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. _____

e 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. _____

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.

7 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.

_____/_____/_____ /_____/_____ /_____/_____ /_____/_____

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.

Telephone number of taxpayer on line 1a or 2a

() -

▶ _____
Signature (see instructions) Date

Sign Here

▶ _____
Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ _____
Spouse's signature Date

A Change To Note

New Form 4506-T, Request for Transcript of Tax Return, is used to request tax return transcripts, tax account transcripts, W-2 information, 1099 information, verification of non-filing, and a record of account. Form 4506, Request for Copy of Tax Return, is now used only to

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.

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

Note: If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series)

If you lived in and filed an individual return:	Mail or fax to the Internal Revenue Service at:
Maine, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810 978-691-6859
Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, West Virginia, Rhode Island	RAIVS Team 4800 Buford Hwy Stop 91 Chamblee, GA 30341 678-530-5326
Arkansas, Colorado, Kentucky, Louisiana, New Mexico, Oklahoma, Tennessee, Texas	RAIVS Team 3651 South Interregional Hwy. Stop 6716 Austin, TX 7874 512-460-2272
Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4992
Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	RAIVS Team Stop B41-6700 Kansas City, MO 64999 816-823-7667
Ohio, Virginia	RAIVS Team 5333 Getwell Rd. Stop 2826 Memphis, TN 38118 901-546-4175

Connecticut, District of Columbia, Maryland, New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address

RAIVS Team
DP SE 135
Philadelphia, PA 19255-0695

215-516-2931

Chart for all other transcripts

If you lived in: Mail to the

Internal Revenue	
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	RAIVS Team Mail Stop 6734 Ogden, UT 84201 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 2800F Cincinnati, OH 45250 859-669-3592
Line 1b. enter your employer identification number 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.	
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 their 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 7.

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. Sections 6103 and 6109 require your 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 to a form or its instructions must be retained as long as the 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**, 11 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 Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send the form to this address. Instead, see **Where to file** on this page.

NOTES

NOTES

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT)

If your application for business credit is denied, you have the right to receive a written statement of the specific reasons for the denial. To obtain the statement, please contact United Central Bank, Attn. SBA Manager at 4555 W. Walnut St., Garland, TX 75042 or at (972) 487-1505 within 60 days from the date you are notified of our decision. We will send you a written statement of reason for the denial within 30 days of receiving your request for the statement.

Applicants are not required to obtain or pay for unwanted services.

NOTICE: 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 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 this creditor is The Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.