



Contractor Assistance Loan Program (CAP) Application Package



Mayor Dwight C. Jones

Office of Minority Business Development
900 E. Broad Street, 9th Floor, Richmond, VA 23219
Phone: (804)646-3985 Fax: (804)646-0136

Department of Economic & Community Development
1500 E. Main Street, Suite 400, Richmond, VA 23219
Phone: (804)646-7489 Fax: (804)646-6358



Mayor Dwight C. Jones

City of Richmond

**Office of Minority Business Development
Department of Economic & Community Development
Contractor Assistance Loan Program**

Purpose:

To provide access to capital to contractors that are located within the City of Richmond that lack access to traditional financing. The goal is to provide contractors flexible terms and conditions, which may or may not be available in the conventional market place.

Eligibility:

- Applicant must be a licensed contractor and headquartered in the City of Richmond.
- Applicant must have a 10% or more personal investment or equity position in the business.
- Applicant and or business owner may not have tax liens and must be current with the filing of all withholding and other applicable taxes.
- Applicant must not have experienced personal or business bankruptcy within the past twelve (12) months.
- Applicant's business financial statements and tax returns should reflect minimally profitable operations or break-even, at a minimum. Operating losses will not be an automatic disqualifier, but the business must demonstrate potential future profitability with a solid business plan or strategy.
- Applicant/borrower must be at least twenty-one or older and must be a legal U.S. citizen or have long-term alien residency status.
- A business resume and cash flow budget is required. Applicants who have been in business for two (2) years or less are required to submit a business plan.
- For a specific loan type, applicant must have secured a contract from a federal, state or local government or an established private company.

Maximum Loans: up to \$100,000

Interest rates: 4% to 9%.

Eligible Loan Purposes: Working capital, inventory & equipment financing, or other qualifying uses that will support contractors delivering services.

If Interested, Contact: Debra Moore
Office of Minority Business Development
900 E. Broad Street, 9th Floor, Richmond, VA 23219
P: (804)646-3985 F: (804)646-0136
Debra.Moore@richmondgov.com



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Contractor Assistance Loan Program**

Application Checklist

- Non-refundable application fee of \$100.00 payable to the Economic Development Authority.
- Completed signed application.
- Business resume or business plan if in business less than 2 years.
- Three most recent years of company's financial statements (balance sheet, income statement & statement of cash flows), current year to date interims and signed tax returns.
- Three most recent years of signed personal tax returns.
- Personal Resumes of all owners and key management personnel.
- Personal Financial Statements (90 days old or less) for all owners and guarantors (any person owning 20 percent or more of the business).
- Monthly cash flow budget for a minimum of 12 months.
- Contract Progress Reports and/or copies of current contracts.
- Copy of Certificate of Incorporation or Partnership Agreement, and City of Richmond Business License.
- A written explanation of any past or present credit problems, including judgments, collections, charge-offs, or bankruptcy by either the company or any guarantor.
- Attach a schedule of existing indebtedness.
- Stamp all documents confidential.

***Please remember to completely fill out the loan application.
Failure to do so will delay the processing of your application.***

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Contractor Assistance Loan Program

Please Print/Type Clearly

Date: Last Name: First Name:

Home Phone: Home Address:

Home City: State: Zip:

Business Information

Type of Business: Existing Business Start-up

Number of Years in Business: Number of FT Emp: Number of PT Emp:

Gender: Race/Ethnicity:

Check if you have the following: Business Plan Business Resume Contract Cash Flow Budget

Contractor financing does require a Business Plan if less than two years old. A business resume is required for businesses greater than two years. An annual cash flow budget is required for all companies.

Business Name:

Business Address:

Home City: State: Zip:

Business Phone: Business Cell: Business Fax:

Email: Website:

Financing Request

Amount of Loan Request: Purpose of Loan Request:

Source of Repayment:

Check Your Sources of Contracts: City State Federal Private Company

Other Data

How did you hear about the program?

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FREEDOM OF INFORMATION ACT DISCLOSURE

The City of Richmond, Virginia and the Economic Development Authority of the City of Richmond, Virginia make a promise of confidentiality to the applicant as to confidential, proprietary records, voluntarily provided by the applicant, as provided in Virginia Code Section 2.2-3705.6(3).

Confidential, proprietary records means those records designated below:

- Business Plans
- Company Financial Statements and Tax Returns
- Personal Financial Statements and Tax Returns
- Company Financial Projections and Cash Flow Analysis
- Company and Personal Credit Reports and supporting documentation

Notwithstanding the foregoing, the undersigned understands and agrees that all information furnished in connection with this application for a Contractor Assistance Loan involves the use of public funds and as such may be made public pursuant to the statutes of the United States of America and the Commonwealth of Virginia.

The City of Richmond, Virginia and the Economic Development Authority of the City of Richmond, Virginia, assume no liability for any disclosure of the records or information in such records pursuant to the order of a court or other governmental authority, and the applicant hereby releases and agrees to hold harmless the City and the EDA in connection therewith.

By signing below, the applicant agrees to all of the foregoing.

Company's Name: _____ Date: _____

Signature: _____ Title: _____

Guarantor/Co-Borrower: _____ Date: _____

Signature: _____ Title: _____

Guarantor/Co-Borrower: _____ Date: _____

Signature: _____ Title: _____

Guarantor/Co-Borrower: _____ Date: _____

Signature: _____ Title: _____



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Loan Application

Company Information

Application Fee is \$00.00

Company name, Address, City, State, Zip, Principal in charge, Work phone, work fax, Secondary contact person, Work phone, Work fax, Tax ID, email, Type of business, Date established, Type of entity, Number of current employees, Estimated number of new employees

New Project Information

Street address of project, City, State, Zip, County, What is the square footage of the new building?, What is the square footage your company will occupy?*, Projected closing date, Realtor's name, Phone, How will the property be vested

If there are any tenants that will remain in the building, please provide the following information: Also, please have your realtor provide copies of all existing leases.

Table with 4 columns: Tenant name, Square Footage, Lease Expiration, Rent amount

Checklist

Please provide the following documents and information

Business information

Table with 2 columns: Checklist items (Business financial statements, Projections, Interim financial statement, Business debt schedule, Federal tax returns, Other)

Legal entity documents (as applicable)

Table with 2 columns: Checklist items (Sole Proprietorship, Corporation, Partnerships, Limited Liability Company, Trust)

Personal information (for each individual with 20% or greater ownership)

Table with 2 columns: Checklist items (Personal tax returns, Personal resume, Personal financial statement)

Real estate information

Table with 2 columns: Checklist items (Real Estate Purchase Agreement, Construction cost budget, Existing environmental studies)

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Bank Name _____ Account Officer _____ Phone _____
Accountant _____ Firm Name _____ Phone _____
Attorney _____ Firm Name _____ Phone _____

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

If a corporation, please indicate who is President and Secretary

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Business Name _____ Owner _____ % of Ownership _____
Business Name _____ Owner _____ % of Ownership _____
Business Name _____ Owner _____ % of Ownership _____
Business Name _____ Owner _____ % of Ownership _____

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Business Address _____ Own Lease Replaced by new facility? Yes No
Square Feet _____ Mortgage/Lease payment \$ _____ Lease Expiration _____
Business Address _____ Own Lease Replaced by new facility? Yes No
Square Feet _____ Mortgage/Lease payment \$ _____ Lease Expiration _____
Business Address _____ Own Lease Replaced by new facility? Yes No
Square Feet _____ Mortgage/Lease payment \$ _____ Lease Expiration _____
Business Address _____ Own Lease Replaced by new facility? Yes No
Square Feet _____ Mortgage/Lease payment \$ _____ Lease Expiration _____

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Real estate (land and building)	\$ _____	Acquisition of existing business.....	\$ _____
New construction/expansion/repair	\$ _____	Payoff SBA loan	\$ _____
Acquisition and/or repair of machinery and equipment	\$ _____	Payoff bank loan (non SBA associated)	\$ _____
Inventory purchase	\$ _____	Other debt payment (non SBA associated) ...	\$ _____
Working capital (including loan fees)	\$ _____	HCH5 @DFC>97 H'À Á Á Á Á Á Á Á Á Á	\$ _____

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Name _____ SSN #: _____
FIRST MIDDLE LAST

Former Name _____
FIRST MIDDLE LAST WHEN USED

Date of birth _____ Place of birth _____

Residence telephone (_____) _____ Cell phone (_____) _____

Residence address _____
STREET CITY STATE ZIP FROM TO

Previous address _____
STREET CITY STATE ZIP FROM TO

Are you employed by the U.S. Government? _____ Agency/position _____

Spouse Name _____ SSN # _____ Date of Birth _____ Place of Birth _____

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Are you a U.S. Citizen? (If no, please provide a copy of your Alien Registration or Visa Card) Yes No

Is your spouse a U.S. citizen? (If no, please provide a copy of their Alien Registration or Visa Card) Yes No

Are you presently under indictment, on parole or probation?
(If yes, furnish details in separate exhibit. List name(s) under which held, if applicable.) Yes No

Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?
(If yes, furnish details in separate exhibit. List name(s) under which held, if applicable.) Yes No

Have you ever been convicted of any criminal offense other than a minor motor vehicle violation?
(If yes, furnish details in separate exhibit. List name(s) under which held, if applicable.) Yes No

Indicate gender (optional) Yes No

With which race you more closely identify? Choose only one (optional):

- African American
- Native American (other than Eskimo or Aleut)
- Eskimo or Aleut
- Asian or Pacific Islander
- White
- Hispanic
- Other _____

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Name and Location	Dates Attended	Major	Degree or Certificate
1. _____	_____	_____	_____
2. _____	_____	_____	_____

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Branch _____ From _____ To _____
Honorable discharge? Yes No Vietnam veteran? Yes No

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From _____ To _____ Title _____
Duties _____

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From _____ To _____ Title _____
Duties _____

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From _____ To _____ Title _____
Duties _____

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I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit report and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize ECD and its successor to release such information to any entity as required in the processing of my loan application.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided herewithin or at a later date, is valid and correct to the best of my/our knowledge.

Signature of applicant _____ Date _____

Signature of applicant _____ Date _____

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Company name _____

Describe the type of business you are in and how/why you became involved _____

Type of products or services offered (include any catalogs or brochures) _____

Geographic market area served _____

What is your outlook concerning the business activity in which you are engaged? _____

How will this loan benefit your company? _____

Will this loan create new employment opportunities? Yes No If yes, state how: _____

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What primary market use your products? _____

List key customers _____

List major competitors _____

Major suppliers _____

Future plans (*What is your growth strategy? Rapid growth, moderate, or maintain market position? What are the impediments that may impact your success?*) _____

Major past accomplishments, how your business differs from the competition, and your competitive advantages: _____

Marketing analysis and strategy (Explain your promotional, pricing, and distribution strategies.) _____

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Name of Agency _____ Original amount of loan _____

Date of request _____ Approved or declined _____ Current balance _____ Status Current Past Due

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Date of request _____ Approved or declined _____ Current balance _____ Status Current Past Due

Name of Agency _____ Original amount of loan _____

Date of request _____ Approved or declined _____ Current balance _____ Status Current Past Due

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details. Yes No

Are you or your business involved in any pending lawsuits? If yes, please provide details. Yes No

Do you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, any Federal Agency, or the participating lender? If yes, please provide the name and address of the person and the office where employed. Yes No

Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? If yes, please provide details. Yes No

Does your business presently engage in export trade? Yes No

Do you have plans to begin exporting as a result of this loan? Yes No

Would you like information on exporting? Yes No

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Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.

Date* _____

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*Should be the same date as current financial statement

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

Signature: _____

Title: _____

Date: _____



PERSONAL FINANCIAL STATEMENT

As of _____, _____

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

Name _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

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

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

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

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact the Office of Minority Business Development, 900 East Broad Street, 9th Floor, Richmond, VA 23219, (804)646-3985 or the Department of Economic & Community Development, 1500 East Main Street, Suite 400, Richmond, VA 23219, (804)646-7489.

Request for Transcript of Tax Return

▶ 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 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 Previous address 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. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

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 is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7** **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. 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 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

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

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

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

General Instructions

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

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

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

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

Automated transcript request. You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, 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
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
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, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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

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

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

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. 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, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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