



FIRST NORTHERN BANK

SBA Loan Application

SBA Loan Department

1007 7th Street, Suite M102

Sacramento, CA 95814

(888) 999-4SBA or (916) 567-6270



Member FDIC

M-26 (Rev. 8/07)



FIRST NORTHERN BANK

SBA Loan Application

This checklist has been provided to assist you through the process of gathering the necessary information for the initial evaluation of your loan request. Complete information will be necessary to process your application. Forms are provided for items 1 through 9. If you have any questions or need further assistance, please call our SBA Loan Department at (916) 567-6270 or (888) 999-4SBA.

- Check (✓) 1. **Loan Request Form.**

- _____ 2. **Project Information.**

- _____ 3a. **Personal Budget Analysis.**

- _____ 3b. **Personal Financial Statement.** Complete this form if: a) a sole proprietorship by the proprietor; b) a partnership by each limited partner with 20% or more ownership and by each general partner; c) a corporation by each stockholder with 20% or more ownership; d) an LLC by each member owning 20% or more; or e) any person providing a guaranty on the loan.

- _____ 4. **Management Resumé(s).** Provide complete resumé(s) on all individuals referred to in #3b above and on all officers and directors, if applicant is a corporation.

- _____ 5. **Business History.**

- _____ 6. **Business Debt Schedule.** Must be dated the same date as the Interim Financial Statement and reflect all outstanding liabilities as shown on the interim financial statement.

- _____ 7. **Certificate of Secretary** (for corporations only).

- _____ 8. **Authorization to Release Information.**

- _____ 9. **Request for Copy or Transcript of Tax Form.** Form 4506 for Business and Individual (sign and date only).

In addition, please provide the following for the business and all affiliates:

- _____ 10. **Business Financial Statement and Complete Federal Tax Returns with all Schedules.** Income statements, balance sheets and tax returns for three prior fiscal year-ends. Please note that all financial statements and tax returns must have original signatures and dates. After photocopying financial statements and tax returns, please sign and affix current date.

- _____ 11. **Interim Financial Statement.** Income statement and balance sheet dated no older than 45 days. Must be the same date as the debt schedule and the agings.

- _____ 12. **Accounts Receivable and Accounts Payable Agings,** if applicable. Same date as the Interim Financial Statement.

- _____ 13. **Personal Federal Tax Returns.** Complete tax returns for the past three years on each individual referred to in #3b above (Personal Financial Statement).

- _____ 14. **From All Affiliates.** (Any entity in which the applicant business or any of the individuals referred to in #3b has an ownership interest of 20% or more.) Complete Federal tax returns for the three prior fiscal year-ends and Interim Financial Statement.

- _____ 15. **For Corporations:** **Articles of Incorporation** **Corporate Bylaws**
For Partnerships: **Partnership Agreement**
For Sole Proprietorships: **Fictitious Name Statement (dba)**
For Limited Liability Companies (LLC): **Articles of Organization** **Operating Agreement**
For Limited Liability Partnerships (LLP): **Certificate of Registration** **LLP Agreement**

- _____ 16. **Projections Worksheet.** Monthly income and expense projection for one-year period, if applicable.

- _____ 17. **Copy of Purchase Agreement/Escrow Instructions, Notes Being Refinanced, FTC Disclosure and Franchise Agreement,** if applicable.

- _____ 18. **Business Plan.** Provide this if business has not started, has been established for less than 24 months, or request is to introduce a new line, product, etc.

- _____ 19. **Other** _____

Small Business Administration Loan Request Form

APPLICANT COMPANY

Company Name _____ Telephone _____

Address _____ Fax _____

City _____ State _____ ZIP _____

Email Address _____ Web Page Address _____

Type of Business _____ Date Established _____

Type of Entity: Corporation Partnership Sole Proprietorship
 Limited Liability Company Limited Liability Partnership

Number of Employees: Existing _____ After This Loan _____

Bank Contact _____ Telephone _____

Accountant Name _____ Telephone _____

Attorney Name _____ Telephone _____

OWNERSHIP OF APPLICANT COMPANY

List below all officers, directors, partners, owners & co-owners, and all stockholders with 20% or more of ownership total stock issued.

NAME	TITLE	% OF OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership.

COMPANY NAME	OWNER (Applicant Company or Individuals)	% OF OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

BORROWER(S)

If married, you may apply for individual credit.

Borrower Name(s) _____

Borrower(s) Entity Type: Partnership Sole Proprietorship Corporation Limited Liability Company
 Trust

Use of Proceeds Address (if different than business address) _____

City _____ State _____ ZIP _____

Business Tax I.D. # _____

Project Information

Use of proposed loan _____

How will this loan benefit your business? _____

The following section relates to your planned use for funds from this loan request. Please be as specific as possible. In those instances where funds are expected to be used in different ways, it is important to be accurate in breaking out anticipated expenditures by category. If you are using the "other" category below, please provide a complete description of the planned use.

PROJECT ITEMS	PROJECT COST
Land and Building Acquisition.....	\$
Land Acquisition	\$
Building Construction/Improvement (Hard Costs).....	\$
Building Construction/Improvement (Soft Costs)	\$
Debt Refinance (copy of notes required).....	\$
Business Acquisition (attach a list of assets and purchase agreement)	\$
Machinery/Equipment Acquisition.....	\$
Inventory	\$
Furniture.....	\$
Fixtures.....	\$
Working Capital (include loan fees)	\$
Other.....	\$
Total Project Cost	\$
*Less Borrowers Injection	\$
Total Loan Requested	\$

* Source of cash injection: Business Personal
 Borrowed Non-Borrowed

If borrowed, or not visible on current financial statements, provide explanation:

Personal Budget Analysis

Name _____ Date _____

INCOME

Available Draw	\$ _____
Gross Salary/Owner Draw	\$ _____
Spousal Salary	\$ _____
Gross Rental Income	\$ _____
Interest/Dividend Income	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Total Monthly Income	\$ _____

EXPENSE

Mortgage Payment (residence)	\$ _____
Mortgage Payment (rental)	\$ _____
Rental Expenses	\$ _____
Auto Loan Payments	\$ _____
Installment Payments	\$ _____
Credit Card/Credit Line	\$ _____
Utilities & Phone	\$ _____
Insurance	\$ _____
Food	\$ _____
Clothing	\$ _____
Child Care & Alimony	\$ _____
Income Tax (historical rate)	\$ _____
Installment Payments	\$ _____
Miscellaneous	\$ _____
Other _____	\$ _____
Total Monthly Expenses	\$ _____

\$ _____

Signature _____ 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		LIABILITIES	
	(Omit Cents)		(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	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe below)*	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Description of Other Income in Section 1.

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

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

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

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

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

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

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

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

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

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

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

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

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

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

Management Resumé

(Make copies as needed)

Please fill in all spaces. Use full first, middle and maiden names—no initials please. If an item is not applicable, please indicate.

Name _____ SS# _____
First Middle Maiden Last

Date of Birth _____ Place of Birth _____

Residence Telephone () _____ Business Telephone () _____

Residence Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Lived there from _____ to _____
Month and Year Month and Year

Please complete this section only if spouse is applying as a co-applicant.

Spouse's Name _____ SS# _____
First Middle Maiden Last

Date of Birth _____ Place of Birth _____

Are you a U.S. Citizen? Yes No If no, please attach a copy of your legal permanent resident card.

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

Are you presently under indictment or on parole or probation? Yes No If yes, indicate date parole or probation is to expire.

Have you ever been charged with and or arrested for any criminal offense other than a minor 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

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

Have you ever been involved in bankruptcy or insolvency proceedings? Yes No If yes, furnish details in a separate exhibit.

Are you or your business involved in any pending lawsuits? Yes No If yes, furnish details in a separate exhibit.

EDUCATION

College or Technical Training Name and Location	Dates Attended From/To	Major	Degree or Certificate
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE BACKGROUND

Branch _____ From _____ To _____ Honorable Discharge? _____

Rank at Discharge _____ Major assignment/accomplishment _____

WORK EXPERIENCE (List chronologically, beginning with present employment)

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Additional Information Attached — check here.

Business History

Please write about each of the business elements listed below. Include any brochures, advertising materials or printed history of the business if available. (Use separate attachments if necessary.)

GENERAL INFORMATION

Date business originally acquired by the seller and reason for selling _____

PRODUCTS OR SERVICES/DESCRIPTION OF BUSINESS ACTIVITY

If a manufacturer, describe the products you plan to make. If you are a retailer, discuss the various types of goods to be sold. If you are a service business, describe the services offered. _____

SALES/MARKETING ACTIVITY

Who will or do you sell to? (*retailers, wholesalers, the public*) _____

List your key customers. _____

How are your sales made? _____

Who are your suppliers and what are their credit sales terms? _____

How do you determine the price of your products or services? _____

How will or do you advertise? What promotional activities will you or do you conduct to generate sales? _____

REFERENCES (Include addresses & phone numbers)

List your references _____

Business History *(continued)*

COMPETITION

Briefly list and describe your major competitors. _____

What advantage will or does your business have over your competitor's operation? _____

What is the approximate distance of your competitors, relative to your current/proposed location? _____

LOCATION

If a retail business, describe the area and the customer base. _____

Describe your business location's advantages and disadvantages. _____

FACILITIES

Describe the type and condition of the building, if applicable. _____

What improvements are needed, if any? _____

MISCELLANEOUS

List major accomplishments. _____

How will this loan benefit your business? _____

Certificate of Secretary

(This applies to corporations only.)

I certify that I am the secretary of _____, and that the following persons hold positions in this corporation and/or own shares in this corporation in the amount and form designated.

DIRECTORS

Name _____

Name _____

Name _____

Name _____

OFFICERS

President Name _____

Vice President Name _____

Secretary Name _____

Treasurer Name _____

SHAREHOLDERS

Name	Number of shares	% of shares outstanding	Form of ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By (Secretary) _____ Date _____

Authorization to Release Information

I/We hereby authorize the release to **First Northern Bank** of any and all information they may require at any time for any purpose related to our credit transaction with them. I/We further authorize **First Northern Bank** to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of **First Northern Bank**.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Form **4506-T**

(Rev. April 2006)
 Department of the Treasury
 Internal Revenue Service

Request for Transcript of Tax Return

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



OMB No. 1545-1872

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.	

First Northern Bank, 1007 7th Street, Suite M102, Sacramento, CA 95814

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

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

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

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

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

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

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

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 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.

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 and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

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

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

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

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice

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

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

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

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

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.