



Schedule of Business Notes Payable

**	Financial Institution & Loan Number	Original Amount	Original Date	Current Balance	How Secured	Monthly Payments	Maturity

** Indicates notes to be paid with SBA loan proceeds.

Project Summary

Land and Building Acquisition	\$	Debt refinance	\$
Building Improvements/Construction	\$	Closing Costs	\$
Equipment Purchase	\$	Other	\$
Debt Refinance	\$	Other	\$
Working Capital	\$	Other	\$
Inventory	\$	Other	\$
Business/Practice Acquisition	\$	Other	\$

Total Estimated Project Costs _____ \$

Less Applicant's Equity/Cash Injection _____ \$

Less Seller Financing (If applicable) _____ \$ _____

Total Loan Required for Project _____ \$ _____



Affiliates

List below all business concerns in which the applicant company or any individuals listed in the Ownership Section above have 20% or more ownership or controlling interest. Affiliation also exists where an individual(s) has control or the Small Business Company and another concern(s) even though the ownership of one or both is small.

If additional affiliates, check here and attach a separate sheet.

Company Name _____

Owned By _____ Ownership % _____

Address _____ Number of Employees _____

Company Name _____

Owned By _____ Ownership % _____

Address _____ Number of Employees _____

Credit Check Authorization

I/We, the undersigned, certify that all statements and information in this loan application, and on each document submitted in connection with this request, including federal income tax returns, are true, correct and complete. I/We hereby authorize Lender to make any and all inquiries deemed necessary to verify the accuracy of the information provided to it, including inquiries to the Internal Revenue Service and any credit reporting agencies. I/We further authorize all other financial institutions and credit reporting agencies to provide Lender with any information they may have concerning their credit experience with me/us. Additionally, I/We agree to promptly notify Lender of any material change in any such information.

I/We authorize Lender to provide to any investor to whom Lender may offer to sell my/our loan to my/our finances. Such information includes, but is not limited to, information regarding employment history, personal account information, credit history and copies of income tax returns pertaining to the undersigned.

Signature _____ Date _____

Locations

4811 50th Street
Lubbock, Texas 79414
(806) 792-1000

4006 82nd Street
Lubbock, Texas 79423
(806) 792-1000

4420 19th Street
Lubbock, Texas 79407
(806) 792-1000

9604 Slide Road
Lubbock, Texas 79424
(806) 792-1000

1001 Main Street
Lubbock Texas 79401
(806) 792-1000



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- 1. Please include a current personal financial statement (signed & dated), as well as a copy of your federal income tax returns for the past three years and an IRS Form 4506-T (signed & dated) (for each 20% or more owner).
 - *Label as 'Exhibit B'.*

 - 2. For the past three years ended, include company balance sheets, profit & loss statements and tax returns, plus an IRS Form 4506-T (signed & dated). Also include interim financial statements dated within the past 45 days (signed & dated).
 - *Label as 'Exhibit C'.*

 - 3. Include accounts payable aging & accounts receivable aging. The Aging reports should be dated the same date as the interim financial statements (signed & dated).
 - *Label as 'Exhibit C'.*

 - 4. For new businesses only – Earning projections for at least one year. Including detailed assumptions supporting projections. *See form attached.*
 - *Label as 'Exhibit C'.*

 - 5. If business is a startup provide a written business plan. Including demographics and study of area.
 - *Label as 'Exhibit C'.*

 - 6. Provide a brief history of your company and a paragraph describing the expected benefits it will receive from the loan.
 - *Label as 'Exhibit D'.*

 - 7. Provide a brief description similar to a resume of the education, technical and business background for all people listed as management as defined by item #2 on the first page of this application. *Form attached.*
 - *Label as 'Exhibit E'.*

 - 8. Complete SBA Form 912 for each owner/investor with 20% or more of the equity of the business. *Blank Form 912 attached.*
 - *Label as 'Exhibit E'.*

 - 9. If your business is a franchise, include a copy of the franchise agreement and a copy of the FDD disclosure statement supplied to you by the franchiser.
 - *Label as 'Exhibit F'.*

 - 10. If request is to refinance debt please provide a copy of the note and a recent statement showing the balance of the note.
 - *Label as Exhibit G'.*

 - 11. Complete Legal Questionnaire for each 20% or more owner.
 - *Label as Exhibit E'.*
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Personal Information

This form is an integral part of the loan application and should be completed by each owner, partner, or stockholder with 20% or more ownership in the Applicant Company or entity providing a guaranty on the loan (copy for each person).

First Name _____ Middle Initial _____ Last Name _____

List any previous names, i.e. maiden name, alias, etc. *If additional name, please attach a separate sheet.*

Name(s) _____

Social Security Number _____ Date of Birth _____ Place of Birth _____

Current Address _____ From _____ To _____

City _____ State _____ Zip _____

Previous Address _____ From _____ To _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Mobile (____) _____

Education

Please complete the following, or attach resume.

Institution _____ Location _____ From _____ To _____

Degree _____ Course of Study _____

Institution _____ Location _____ From _____ To _____

Degree _____ Course of Study _____



Work Experience

Last five years applicable. Please complete the following, or attach resume.

Company Name _____ Location _____

From _____ To _____ Title _____

Duties _____

Company Name _____ Location _____

From _____ To _____ Title _____

Duties _____

Company Name _____ Location _____

From _____ To _____ Title _____

Duties _____

Military Service Background

Branch _____ From _____ To _____

Honorable Discharge Yes No Rank upon Discharge _____ Grade _____

Signature _____ Date _____

Signature _____ Date _____

PERSONAL FINANCIAL STATEMENT

SECTION 1 PERSONAL INFORMATION

<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Separated		<input type="checkbox"/> Divorced	
Borrower's Name		SSAN		Birth Date			
Address		City / State		Zip Code			
Occupation		Position		Years			
Spouse's Name		SSAN		Birth Date			
Occupation		Position		Years			
Business Name		Bus. Type		EIN / TIN			
Address		City / State		Zip Code			
Business / Work Phone		Cell Phone		Home Phone			

SECTION 2 STATEMENT OF FINANCIAL CONDITION as of:

CURRENT ASSETS	(Omit Cents)	CURRENT LIABILITIES	(Omit Cents)
Cash: In this Bank	*Schedule 1 →	CPLTD: Oil & Gas Interests	*Schedule 7 →
In other Institutions	*Schedule 1 →	Real Estate Notes Payable	*Schedule 8 →
Securities: Marketable	*Schedule 2 →	Other Term Notes Payable	*Schedule 9 →
Non-Marketable	*Schedule 2 →	Accounts Payable: Accounts Payable	
Accounts & Notes Receivable	*Schedule 3 →	Bank Revolving Lines	
Cash Value of Life Insurance	*Schedule 4 →	Estimated Credit Card Balances	
Other Current Assets:		Taxes Payable: Federal Income Taxes	
		Real Estate & Other Taxes	
		Other Current Liabilities:	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
NON-CURRENT ASSETS	(Omit Cents)	NON-CURRENT LIABILITIES	(Omit Cents)
Real Estate: Homestead	*Schedule 8 →	Mortgages Payable: Homestead	*Schedule 8 →
Investment Property	*Schedule 8 →	Investment Property	*Schedule 8 →
Other Real Estate	*Schedule 8 →	Other Real Estate	*Schedule 8 →
Other Business Interests	*Schedule 5 →	Notes Payable: Oil & Gas Interests	*Schedule 7 →
Deferred Comp. & Retirement Plans	*Schedule 6 →	Other Business Interests	*Schedule 9 →
Oil & Gas Interests	*Schedule 7 →	Automobiles	*Schedule 9 →
Non-Current Accounts & Notes Receivable		Other Term Notes Payable	*Schedule 9 →
Other Non-Current Assets: Personal Property		Other Non-Current Liabilities:	
Automobiles			
		TOTAL LIABILITIES	
		NET WORTH (Assets less Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

*Please complete the accompanying schedules to this Financial Statement.

The information contained in this statement and supporting schedules is provided to induce the Bank to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. I/We acknowledge and understand the Bank is relying upon the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. I/We represent, warrant and certify that the information provided herein is true, correct and complete. I/We agree to notify the Bank immediately and in writing of any material unfavorable change in my/our financial condition. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. I/We understand that misrepresenting information on this statement is a criminal offense under federal law punishable by a fine and/or imprisonment. The Bank is authorized to contact any appropriate third party to verify any information at any time furnished by the undersigned to the Bank. Such financial information furnished shall be the property of the Bank.

Signed: _____ Date: _____ Signed: _____ Date: _____

SCHEDULE 1		CASH (Deposit Accounts)			
Bank / Institution	Name on Account	Type of Account (CHK, SAV, CD)	Account Number	Current Balance	Pledged? Y or N
Lubbock National Bank					
Other Financial Institutions					
TOTAL to Page 1:					

SCHEDULE 2		SECURITIES (All Non-Retirement Accounts, Stocks, Bonds, & Mutual Funds)				
Number of Shares	Description	Exchange Listing	Registered in Name of	Original Cost	Market Value	Pledged? Y or N
Marketable						
Non-Marketable or Restricted						
TOTAL to Page 1:						

SCHEDULE 3		ACCOUNTS & NOTES RECEIVABLE				
Due from (Name)	Original Amount	Current Balance	Due this Year	Due in Future	Maturity	Description of Collateral
TOTALS to Pages 1 & 6:						

SCHEDULE 4 LIFE INSURANCE & ANNUITIES						
Company	Type of Policy	Beneficiary	Face Value	Net Cash Value	Name of Insured	Pledged? Y or N
TOTAL to Page 1:						

SCHEDULE 5 OTHER BUSINESS INTERESTS (Partnerships & Corporations)						
Name of Business Venture	Nature of Business	Percent Ownership	Value of Business	Pro-Rata Value	Your Position or Title	Years in Business
None						
TOTAL to Page 1:						

SCHEDULE 6 RETIREMENT ACCOUNTS & DEFERRED COMPENSATION						
Trustee or Plan Administrator	Type of Account	Beneficiary	In Name of	Current Balance	Plan Loan Amount	Net Plan Value
TOTAL to Page 1:						

SCHEDULE 7 OIL & GAS INTERESTS & RELATED DEBT							
Description & Location	Date Acquired	Date of Valuation	Present Valuation	Lienholder / Creditor	Current Balance	Annual Payments	Net Ops Revenue
None							
TOTALS to Pages 1 & 6:							

SCHEDULE 8 REAL ESTATE OWNED & RELATED MORTGAGES PAYABLE							
Description & Location (Including Acreage)	Original Cost	Market Value	Lienholder / Creditor	Current Balance	Annual Payments	Annual Income	Payment Due Date
Homestead							
Investment Property							
Other Real Estate							
TOTALS to Pages 1 & 6:							

SCHEDULE 9 TERM NOTES PAYABLE (Other Than Those Listed Above)							
Due to (Lienholder / Creditor)	Original Amount	Current Balance	Payment Amount	Number of Pmts/Year	Annual Payments	Maturity Date	Description of Collateral
Other Business Interests							
Automobiles							
Other Term Notes Payable							
TOTALS to Pages 1 & 6:							



1. Are any assets listed herein held under a trust agreement, in an estate or in any other name or capacity?
 Yes No If yes, please explain _____

Please answer the following questions if you reside in a community property state:

2. Were any of the Assets (i) owned or claimed by your spouse before marriage; or (ii) acquired by your spouse during marriage by gift or inheritance; or (iii) recovered for personal injuries sustained by your spouse during your marriage?
 Yes No If yes, please explain _____

3. Do any of the Assets in whole or in part consist of, or were they purchased in whole or in part with, personal earnings of your spouse or revenue from property of your spouse of the kinds mentioned in the preceding Question 2, or from proceeds of liquidation of any kinds mentioned in Question 2?
 Yes No If yes, please explain _____

4. Are you presently: Married Unmarried Separated

5. Have you ever filed for personal bankruptcy, had property you owned foreclosed, or made a settlement or an assignment for the benefit of creditors?
 Yes No If yes, please explain _____

6. Has any corporation or partnership in which you are (were) a major owner or a general partner ever filed for bankruptcy, had property in it foreclosed, or made a settlement or assignment for the benefit of creditors?
 Yes No If yes, please explain _____

7. Are you, or any corporation or partnership in which you are (were) a major owner or general partner, a party to any suit or legal action, or are there any unsatisfied judgments against you?
 Yes No If yes, please explain _____

8. Are any income tax returns, whether personal or that of any corporation or partnership in which you are (were) a major owner or a general partner, currently being audited or contested?
 Yes No If yes, please explain _____

9. 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 household, work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, or a Federal Agency or the participating lender?
 Yes No If yes, please explain _____

10. Have you ever been disbarred from doing business with the U.S. Government?
 Yes No If yes, please explain _____

11. Have you ever been arrested, charged with, convicted of, or 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? Include offenses which have been dismissed, discharged, or not prosecuted.
 Yes No If yes, please explain _____

12. Are you a United States Citizen?
 Yes No If no, are you a lawful Permanent Resident Alien? Yes No

13. Are any of your real estate properties used by you in business?
 Yes No If yes, please explain _____

14. Are your business and personal taxes current?
 Yes No If no, please explain _____

Signature _____ Date _____

Locations

4811 50th Street
Lubbock, Texas 79414
(806) 792-1000

4006 82nd Street
Lubbock, Texas 79423
(806) 792-1000

4420 19th Street
Lubbock, Texas 79407
(806) 792-1000

9604 Slide Road
Lubbock, Texas 79424
(806) 792-1000

1001 Main Street
Lubbock Texas 79401
(806) 792-1000

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.**

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 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)	
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.	

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:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<input type="checkbox"/> 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.	Phone number of taxpayer on line 1a or 2a _____
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Sign Here

▶ _____ Signature (see instructions)	_____ Date
▶ _____ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ _____ Spouse's signature	_____ Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form **4506-T** (Rev. 9-2015)

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

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

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

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

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

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in,

or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

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

Automated transcript request. You can quickly request transcripts by using our automated

self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

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

If you filed an individual return and lived in: Island, South Carolina, Vermont, Virginia, West Virginia

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

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

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode

Chart for all other transcripts

If you lived in or your business was in:

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, or A.P.O. or

F.P.O. address

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

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

801-620-6922

RAIVS Team
P.O. Box 145500
Stop 2800 F
Cincinnati, OH 45250

859-669-3592

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

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team Stop 6716 AUSC
Austin, TX 73301

512-460-2272

RAIVS Team Stop 37106
Fresno, CA 93888

559-456-5876

RAIVS Team Stop 6705 P-6
Kansas City, MO 64999

816-292-6102

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only

one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

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

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

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

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

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this

information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax

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

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

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

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

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

laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat

terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid

OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

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

20 min.

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

Internal Revenue Service
Tax Products Coordinating Committee
SE:W:CAR:MP:T:M:S
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.



United States of America
 SMALL BUSINESS ADMINISTRATION
 STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov. **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)		SBA District/Disaster Area Office	
Amount Applied for (when applicable)		File No. (if known)	

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)	
	5. U.S. Citizen? <input type="radio"/> YES <input type="checkbox"/> NO INITIALS: _____ If No, are you a Lawful Permanent resident alien: <input type="radio"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____	

Name and Address of participating lender or surety co. (when applicable and known)	6. Present residence address: From: To: Address: Home Telephone No. (Include Area Code): Business Telephone No. (Include Area Code):
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Most recent prior address (omit if over 10 years ago): From: To: Address:
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PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

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. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?
 Yes No **INITIALS:** _____

8. Have you been arrested in the past six months for any criminal offense?
 Yes No **INITIALS:** _____

9. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment).
 Yes No **INITIALS:** _____

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES FOR FALSE STATEMENTS: 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 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; 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
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Agency Use Only

11. <input checked="" type="radio"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Date _____ Approving Authority _____ Date Sent to OIG _____	12. <input type="checkbox"/> Cleared for Processing _____ Date _____ Approving Authority _____ 13. <input type="checkbox"/> Request a Character Evaluation _____ Date _____ Approving Authority _____
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(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. If you wish to submit comments on the burden for completing this form, direct these comments to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178.
DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When the information collected on this form indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 74 Fed. Reg. 14890 (2009) for other published routine uses.