LOAN APPLICATION CHECKLIST

The following list summarizes everything that Liberty SBF requires from a borrower in order to underwrite a financing request.

PERSONAL BORROWER

- ❐ General Information Form
- ❐ Management Resume
- ❐ Authorization to Release Information/PATRIOT Act Compliance
- ❐ SBA Form 912 - Statement of Personal History
- ❐ SBA Form 4506-T - Request for Transcript of Tax Return
- ❐ SBA Form 413 - Personal Financial Statement
- ❐ Previous three years of complete personal tax returns – required for all proprietors, partners and stockholders owing 20% or more of voting stock, and all guarantors

BORROWER BUSINESS

- ❐ Verification of capital and other liquid assets
- ❐ Business Schedule of Liabilities
- ❐ Previous three (3) years of operation company tax returns, certified year-end Balance Sheets and Income Statements for the previous three (3) years.
- ❐ Current Interim Financial Statement of operating business – Balance Sheet and Income Statement (P&L) – dated less that 60 days old, as well as Interim Financial Statement for previous year
- ❐ Aging Summaries of Accounts Receivable and Accounts Payable – must be dated the same date as Interim Financial Statements
- ❐ If applicable, Affiliate company business(es) description(s) and FYE statements – Balance Sheet and Income Statement ad/r complete copies of tax returns for the past two years, and current Interim Financial Statement of business dated less that 60 days old. Also include K-1 statements for all entities listed on Schedule E of your Personal Tax Return
- ❐ Business Plan for two years, and projected monthly cash flow for the upcoming fiscal years of operations

REAL PROPERTY

- ❐ Sales Contract, including all exhibits, copy of warranty deed and detailed list of personal property
- ❐ Pictures of the property (interior and exterior)
- ❐ Environmental Questionnaire
- ❐ If applicable, copy of current lease

GENERAL FORM

Liberty
SMALL BUSINESS FUNDING

Operating Company Name: ______________________________
Trade Name: ______________________________
Address: ______________________________ County: ______________
City: ______________________________ State: ______________ Zip: ______________
Phone: ______________ Fax: ______________ Mobile: ______________
Operating Company Tax ID Number: ______________________________
Work Email: ______________________________
Personal Email: ______________________________

Entity Type:
❒ CORPORATION ❒ S CORPORATION ❒ PARTNERSHIP ❒ PROPRIETORSHIP ❒ LLC or LLP

Operating Company Start Date: ______________________________
Brief Description of Business Activity: ______________________________
Company Web Address: ______________________________
Choose one: ❒ EXISTING BUSINESS ❒ NEW BUSINESS
Is this business engaged in exporting? ❒ YES ❒ NO
Is your company involved in any bankruptcy/insolvency proceedings? ❒ YES ❒ NO
Have any company officers been involved in any bankruptcy/insolvency proceedings? ❒ YES ❒ NO

The following answers are not required, but will tell us whether your business might qualify for additional benefits based on certain ownership information and/ or public policy goals.

Is your business Minority-Owned? ❒ YES ❒ NO
Is your business Women-Owned? ❒ YES ❒ NO
Is your business Veteran-Owned? ❒ YES ❒ NO
Is this project located in a community revitalization or redevelopment area? ❒ YES ❒ NO ❒ UNSURE
Is this project located in an area affected by federal budget cutbacks? ❒ YES ❒ NO ❒ UNSURE
Will the proceeds of the proposed financing be used for plant retooling or modernization of manufacturing facilities? ❒ YES ❒ NO ❒ UNSURE

COMPANY PRINCIPALS

List each company principal with 20% or greater ownership. A Statement of Personal History (SBA Form 912) must be completed for each individual listed below. Form 912 is included later in this application.

STOCKHOLDER/OWNER NAME	TITLE	OWNERSHIP% (must total 100%)

INFORMATION ON CURRENT WORKSPACE

Monthly Rent/ Mortgage: ______________________ Square Footage: ______________________

Distance From New Location: ______________________

INFORMATION ON PROPERTY TO BE ACQUIRED / REFINANCED

Seller's Name: ______________________

Property Address: ______________________ County: ______________________

City: ______________________ State: __________ Zip: __________

Total Square Footage: ______________________ Size of Lot: ______________________

Type of Building: ______________________ Year Built (or last update): ______________________

Is this building a free-standing (fee simple)? ❐ YES ❐ NO Type of Zoning: ______________________

Percentage of Building to be Occupied by the Business: ______________________

ELIGIBLE PASSIVE COMPANY (EPC) INFORMATION (REAL ESTATE HOLDING COMPANY)

Are you planning to form an EPC/Real Estate Holding Company? ❐ YES ❐ NO (skip to next section)

❐ UNSURE (answer "TBD" for the following)

EPC Name: ______________________ EPC Start Date: ______________________

EPC OWNERSHIP:

NAME	TITLE	OWNERSHIP %

JOB CREATION

Number of Current Employees: ______________________

Jobs to be Created within the next two years: ______________________

Number of Jobs to be Retained Due to this Project: ______________________

TOTAL LOAN AMOUNT REQUESTED

This figure excludes soft costs and closing costs

Real Estate (Purchase Price/Refinance Amount): $______________________

Construction/ Renovations: $ ______________________

Fixtures, Furniture & Equipment: $ ______________________

Total: **$** ______________________

PROJECT DESCRIPTION

Please attach a summary of your business plan and how you will use this propsed Liberty SBF loan.

BUSINESS HISTORY

Please describe the history of your business and its market position. Please mention key competitors. Discuss your target market. Please feel free to include any materials that will help us to better understand dynamics of your business.

❒ By checking this box and submitting this form, I/We authorize the release to Liberty SBF and its authorized agents of any information they may require at any time and for any purpose related to my/our loan request with them. I/We further authorize Liberty SBF to release such information to any entity they deem necessary for any purpose related to my/our loan request with them.

I/We authorize Liberty SBF to obtain a credit report on me/us through the credit reporting agency of its choice, as well as to answer questions others may ask about my/ our record with Liberty SBF. I/We understand that I/we must update credit and financial information as requested if my/our financial condition changes.

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

APPLICANT/ GUARANTOR (PLEASE PRINT)	APPLICANT/ GUARANTOR SIGNATURE	DATE
APPLICANT/ GUARANTOR (PLEASE PRINT)	APPLICANT/ GUARANTOR SIGNATURE	DATE
APPLICANT/ GUARANTOR (PLEASE PRINT)	APPLICANT/ GUARANTOR SIGNATURE	DATE
APPLICANT/ GUARANTOR (PLEASE PRINT)	APPLICANT/ GUARANTOR SIGNATURE	DATE
APPLICANT/ GUARANTOR (PLEASE PRINT)	APPLICANT/ GUARANTOR SIGNATURE	DATE

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.

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.

FirstM iddle Last

2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company

Social Security No.

3. Date of Birth (Month, day, and year)

4. Place of Birth: (City & State or Foreign Country)

Name and Address of participating lender or surety co. (when applicable and known)

5. U.S. Citizen? ☐ YES ☐ NO **INITIALS**: ____________
If No, are you a Lawful Permanent resident alien: ☐ YES ☐ NO
If non- U.S. citizen provide alien registration number: ____________

6. Present residence address:
From:
To:
Address:

Home Telephone No. (Include Area Code):
Business Telephone No. (Include Area Code):

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

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, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? **INITIALS**: ____________
☐ Yes ☐ No (If yes, indicate date parole or probation is to expire.)

8. Have you ever been charged with, and/or arrested for, any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet.)
☐ Yes ☐ No **INITIALS**: ____________

9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?
☐ Yes ☐ No **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

Agency Use Only

11. ☐ Fingerprints Waived ____________ Date Approving Authority

☐ Fingerprints Required ____________ Date Approving Authority

Date Sent to OIG ____________

12. ☐ Cleared for Processing ____________ Date Approving Authority

13. ☐ Request a Character Evaluation ____________ Date Approving Authority

(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. Comments on the burden should be sent 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. **PLEASE DO NOT SEND FORMS TO OMB.**

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.

MANAGEMENT FORM

PERSONAL INFORMATION

Name: ____________________ Social Security #: ____________________

Date of Birth: ____________ Place of Birth: ____________________

Residence Phone: ____________________ Business Phone: ____________________

Residence Address: ____

From: ____________ To: ____________

Previous Residence: ____

From: ____________ To: ____________

Spouse's Name: ____________________ Social Security #: ____________________

Are you employed by the U.S. Government? ❒ YES ❒ NO

If yes, what Agency/Position? ____________________

EDUCATION

HIGH SCHOOL/COLLEGE/OTHER & LOCATION	DATES ATTENDED	MAJOR/FIELD OF STUDY	DEGREE/CERTIFICATE

MILITARY SERVICE BACKGROUND

Branch of Service: ____________________ Dates of Service: ____________

WORK EXPERIENCE

List chronologically, starting with present employment.

COMPANY NAME/LOCATION	FROM	TO	POSITION/DUTIES

EXPERIENCE WITH THE PROPERTY TYPE

Please desribe any history you have owning commercial real estate

EXPERIENCE IN THE MARKET

Please discuss your business experience in the market where your real estate is located. Please include the number of businesses you have been a part of there.

❒ I hereby certify that the above information is true and accurate to the best of my knowledge.

NAME (PLEASE PRINT) SIGNATURE DATE

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Liberty SBF and/or assigns and the U.S. Small Business Administration (SBA) (collectively, “”) any and all information and/or assigns may require at any time for any purpose related to our credit application and/or loan transaction with and/or assigns.

I/We hereby authorize Liberty SBF to release any and all information and/or data (including but not limited to personal and/or business financial statements, personal and/or business income tax returns, payment and/or credit history) to any entity deems necessary for any purpose related to our credit application/ loan transaction with and/or assigns.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in the Loan Authorization issued by the U.S. Small Business Administration.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

REQUEST FOR ID: To comply with the USA PATRIOT Act we request that a legible copy of an unexpired government issued photo identification (ID) document be returned with this application for each individual applicant, guarantor or company owner. Acceptable types of ID include: (1) US State Drivers License; (2) State ID card; (3) Military ID card; (4) Passport; or (5) US Alien Registration card.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all of part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is: OFFICE OF THE COMPTROLLER OF THE CURRENCY, CUSTOMER ASSISTANCE UNIT. Their address is: 1301 MCKINNEY AVENUE, SUITE 3450, HOUSTON, TX 77010.

APPLICANT/GUARANTOR (PLEASE PRINT)	APPLICANT/GUARANTOR SIGNATURE	DATE
APPLICANT/GUARANTOR (PLEASE PRINT)	APPLICANT/GUARANTOR SIGNATURE	DATE

In conjunction with your loan application, Liberty SBF is required by federal regulation to obtain a written statement from individuals expressing their intent to apply for joint credit. Please sign below to acknowledge your intent.

❒ We intend to apply for joint credit.

APPLICANT/GUARANTOR (PLEASE PRINT)	APPLICANT/GUARANTOR SIGNATURE	DATE
APPLICANT/GUARANTOR (PLEASE PRINT)	APPLICANT/GUARANTOR SIGNATURE	DATE

Please return a copy of this disclosure with a legible copy of requested ID for each individual applicant, guarantor, company owner, or co-applicant (as applicable). Thank you.

Were your gross annual revenues in the previous fiscal year $1,000,000.00 or less? YES ❒ or NO ❒. If you answered YES and your loan request with us is denied, you have the right to receive a written statement of the specific reasons for this denial. To obtain the statement, please contact us in writing at the following address: LIBERTY SBF 308 E Lancaster Dr, Suite 200, Wynnewood, PA 19096 within 60 days from the date that you were notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request.

Form **4506-T**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**

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 "Order a Transcript" 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 IRS 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 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 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 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 2010, filed in 2011, will not be available from the IRS until 2012. 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. ____ ____ ____ ____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . ☐

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, **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 the signature date.*

Phone number of taxpayer on line 1a or 2a

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. 1-2012)

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:	Mail or fax to the "Internal Revenue Service" at:
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	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
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	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64108 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, 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, Tennessee, 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) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

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

Note. If the 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.

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 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: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.

OMB APPROVAL NO. 3245-0188
EXPIRATION DATE: 8/31/2011

PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of ________________ , ________

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

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

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

SBA Form 413 (10-08) **Previous Editions Obsolete**

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.**

BUSINESS SCHEDULE OF LIABILITIES

As of ________________, 20___.

EXISTING DEBT OBLIGATIONS

List separately all obligations of the company evidenced by note or capital lease, including drawn-upon lines of credit and vehicle loans or leases. Please be comprehensive because it is a crucial aspect of the credit decision.

NAME OF CREDITOR	ORIGINAL AMOUNT	DATE	PRESENT BALANCE	RATE OF INTEREST	MONTHLY PAYMENT	OTHER PAYMENT	MATURITY DATE	COLLATERAL

The information listed in the above schedule is a supplement to your Balance Sheet, and should balance to the liabilities presented on that form. Please date and match this form to the liabilities listed on your Interim Balance Sheet.

NAME (PLEASE PRINT) SIGNATURE DATE

AGING SUMMARIES OF ACCOUNTS RECEIVABLE (A/R) AND ACCOUNTS PAYABLE (A/P)

A/R and A/P must match Interim Balance Sheet.

If you have your own version of an Aging Summary, you may submit that in lieu of this version.

AGING

TIME	ACCOUNTS RECEIVABLE	ACCOUNTS PAYABLE
under 30 days		
30 - 59 days		
60 - 89 days		
Over 90 days		

ACCOUNTS RECEIVABLE DETAIL

List any customer concentrations that are greater than or equal to 10% of total A/R.

TIME	ACCOUNTS RECEIVABLE	ACCOUNTS PAYABLE

ACCOUNTS PAYABLE DETAIL

List any A/P over 90 days, indicate whether you have extended terms, and list those terms.

TIME	ACCOUNTS RECEIVABLE	ACCOUNTS PAYABLE

NAME (PLEASE PRINT) SIGNATURE DATE

PROPERTY ENVIRONMENTAL FORM

If any of the following questions does not apply, please mark "N/A."

CDC name: ____________________

Applicant name: ____________________

Operating Company name(s) if applicant is an EPC: ____________________

SBA 504 Loan # (if assigned): ____________________

SBA 504 Loan name (if assigned): ____________________

PART ONE: COLLATERAL PROPERTY

Address: ____________________

Current Owner: ____________________

Current Site Operator (if different from Current Owner): ____________________

1) PAST AND PRESENT USES OF COLLATERAL PROPERTY:

a) Past use(s):

Did the past use(s) of the property involve an environmentally sensitive industry? ❒ YES ❒ NO

If YES, what industry? ____________________

b) Present use:

Does the present use of the property involve an environmentally sensitive industry? ❒ YES ❒ NO

If YES, what industry? ____________________

2) HAZARDOUS SUBSTANCES AT COLLATERAL PROPERTY:

a) Is the property is being used for the storage, generation, treatment, emission, or disposal of hazardous substances? ❒ YES ❒ NO

If YES, please list those substances:

b) List any other hazardous substances identified, either in the past or present, as being at, in, on, into, under, above, from, or about the property:

3) EVIDENCE OF CONTAMINATION* AT COLLATERAL PROPERTY:

Is there any evidence of contamination at the property? ❒ YES ❒ NO If YES, please explain:

4) POTENTIAL SOURCES OF CONTAMINATION AT COLLATERAL PROPERTY:

Are there potential sources of contamination at the property? ❒ YES ❒ NO If YES, please explain:

5) PAST EVIDENCE OF CONTAMINATION AT COLLATERAL PROPERTY:

❒ YES ❒ NO If YES, please explain:

6) LAWSUITS OR ADMINISTRATIVE PROCEEDINGS FOR RELEASE OF HAZARDOUS SUBSTANCES AT COLLATERAL PROPERTY:

❒ YES ❒ NO

If YES, please explain:

* Sources of contamination may include, but are not limited to, the following: (1) damaged or discarded automotive or industrial batteries; (2) pesticides, paints or other chemicals stored in individual containers greater than 5 gallons in volume or 50 gallons in aggregate; (3) chemicals in industrial drums or sacks; (4) pits, ponds, or lagoons used for waste disposal or storage; (5) fill dirt from a contaminated or unknown source; (6) underground or above-ground storage tanks; (7) vent pipes, fill pipes, or access ways indicating a fill pipe protruding from the ground; (8) flooring drains or walls within a facility that are stained by substances other than water and/or are emitting noxious odors; (9) clarifiers, pits, or sumps; (10) dry wells.

7) REGULATORY ACTIONS BY GOVERNMENTAL ENTITY INVOLVING COLLATERAL PROPERTY:

Are there, or have there been, any regulatory actions by any governmental entity for environmental conditions at the property? ❒ YES ❒ NO If YES, please explain:

8) PREVIOUS ENVIRONMENTAL RISK STUDIES OF COLLATERAL PROPERTY:

❒ YES ❒ NO (If YES, please attach copies)

9) LEAD-BASED PAINT, ASBESTOS, OR PCBS AT COLLATERAL PROPERTY:

❒ YES ❒ NO If YES, please explain:

OWNER'S REMARKS:

Site Operator's Signature: ____ Date: ____________

SITE OPERATOR'S REMARKS:

Site Operator's Signature: ____ Date: ____________

LENDER'S REMARKS:

I affirm that I have made a least one site visit to the property.

Lender's Signature: ____ Date: ____________

PART TWO: ADJOINING PROPERTY/PROPERTIES

Address: ____

Location in relation to Collateral Property: ______________________________

Current Owner: ____

Current Site Operator (if different from Current Owner): ______________________

1) PAST AND PRESENT USES OF ADJOINING PROPERTY:

a) Past use(s):

Did the past use(s) of the property involve an environmentally sensitive industry? ❒ YES ❒ NO
If YES, what industry? ______________________________

b) Present use:

Does the present use of the property involve an environmentally sensitive industry? ❒ YES ❒ NO
If YES, what industry? ______________________________

2) HAZARDOUS SUBSTANCES AT ADJOINING PROPERTY:

a) Is the property is being used for the storage, generation, treatment, emission, or disposal of hazardous substances? ❒ YES ❒ NO If YES, please list those substances:

b) List any other hazardous substances identified, either in the past or present, as being at, in, on, into, under, above, from, or about the property:

3) EVIDENCE OF CONTAMINATION* AT ADJOINING PROPERTY:

Is there any evidence of contamination at the property? ❒ YES ❒ NO If YES, please explain:

4) POTENTIAL SOURCES OF CONTAMINATION AT ADJOINING PROPERTY:

Are there potential sources of contamination at the property? ❒ YES ❒ NO If YES, please explain:

5) PAST EVIDENCE OF CONTAMINATION AT ADJOINING PROPERTY:

Does the borrower, seller, or CDC know of any past evidence of contamination, or sources of contamination, at the property? ❒ YES ❒ NO If YES, please explain:

6) LAWSUITS OR ADMINISTRATIVE PROCEEDINGS FOR RELEASE OF HAZARDOUS SUBSTANCES AT ADJOINING PROPERTY:

Does the borrower, seller, or CDC know of any past, threatened or pending lawsuits or administrative proceedings concerning a release or threatened release of hazardous substances at the property? ❒ YES ❒ NO
If YES, please explain:

7) REGULATORY ACTIONS BY GOVERNMENTAL ENTITY INVOLVING ADJOINING PROPERTY:

Are there, or have there been, any regulatory actions by any governmental entity for environmental conditions at the property? ❒ YES ❒ NO If YES, please explain:

* Sources of contamination may include, but are not limited to, the following: (1) damaged or discarded automotive or industrial batteries; (2) pesticides, paints or other chemicals stored in individual containers greater than 5 gallons in volume or 50 gallons in aggregate; (3) chemicals in industrial drums or sacks; (4) pits, ponds, or lagoons used for waste disposal or storage; (5) fill dirt from a contaminated or unknown source; (6) underground or above-ground storage tanks; (7) vent pipes, fill pipes, or access ways indicating a fill pipe protruding from the ground; (8) flooring drains or walls within a facility that are stained by substances other than water and/or are emitting noxious odors; (9) clarifiers, pits, or sumps; (10) dry wells.