Please return this information to:
Langley Federal Credit Union
Attn: Commercial Lending Department
721 Lakefront Commons, Suite 102
Newport News, VA 23606

COMMERCIAL LOAN PACKAGE CHECKLIST

GENERAL DOCUMENTS:

- ○ Signed Commercial Loan Application (attached)
- ○ Business Debt Schedule (attached)
- ○ Personal Financial Statement for each guarantor (attached)
- ○ Real Estate Portfolio Details – Investment Properties (attached)
- ○ US Patriot Act Disclosure (attached)
- ○ IRS Form 4506T for the business and each guarantor (attached)
- ○ Primary Form of ID on borrowers
- ○ Last 3 years corporate tax returns, including K1 schedules.
- ○ Interim corporate financial statements dated through most recent quarter.
- ○ Last 3 years personal tax returns for each guarantor, including K1 schedules.
- ○ Last 2 months of corporate bank statements.
- ○ Last 2 months of personal bank statements for each guarantor.
- ○ Application Fee

ADDITIONAL DOCUMENTS:

Commercial Real Estate Loans		Term Loans & Lines of Credit
○ Purchase Agreement		○ Copy of Business License
○ Environmental Questionnaire		○ Purchase Order (for new equipment)
○ Copy of Lease Agreement(s)	**OR**	○ Copies of contracts if revenues are generated mostly from contract related work.
○ Rent Roll and Operating Expenses		○ Up to date aging schedule of accounts (Receivable & Payable)
○ Construction Contract or Bid for leasehold improvements.		○ Construction Contract or Bid for leasehold improvements.

SBA (SMALL BUSINESS ADMINISTRATION) DOCUMENTS:

- ○ DD214 if applying under Veteran's Advantage Program.
- ○ SBA Form 1919
- ○ Business Plan if in operation less than 3 years.
- ○ Income Projections with justification

PLUS:

- ○ ____

NOTE: Unless all of the designated information is supplied within 30 days from the date of the Commercial Loan Application, Langley will consider the application withdrawn.

If you have any questions, please contact:
Commercial Lending (757) 224-4777; CommercialLending@langleyfcu.org

Langley Federal Credit Union

COMMERCIAL LOAN / LEASE REFERRAL

TYPE OF LOAN / LEASE:

___ Business Vehicle (Fleet) Loan / Lease ___ Equipment Financing ___ Line of Credit ___ Commercial Mortgage

___ SBA Loan ___ Working Capital Loan

Amount Requested:	Purpose/Use of Funds:
Collateral:	

COMPANY INFORMATION

Business Name:		DBA Name:			
Address :		City:	State:	Zip:	County:
Phone:	Fax:	Website:			

Legal Status:
___ Partnership ___ Corporation ___ LLC ___ Sole Proprietorship ___ Trust ___ Non Profit

Tax I.D. Number	Date Bus. Established	Owner Since	# of Locations	# of Employees	Annual Net Income

OWNER(s) INFORMATION (for all owners with 20% or greater ownership interest)

1) Name (First, MI, Last)	Title (owner, etc.)	% Ownership	Date of Birth	Place of Birth
Address	City		State	Zip
Driver's License#	E-Mail		Monthly Salary	Social Security
Home Phone	Cellular Phone#		Are You a Member of this Credit Union? [ ] YES [ ] NO	
1) Name (First, MI, Last)	Title	% Ownership	Date of Birth	Place of Birth
Address	City		State	Zip
Driver's License#	E-Mail	Monthly Salary	Social Security	
Home Phone	Cellular Phone#			

MISCELLANEOUS INFORMATION

HAS THE BUSINESS OR ANY PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY?	[ ] **YES**	[ ] **NO**
IS THE BUSINESS OR ANY PRINCIPAL/OWNER A PARTY TO ANY LIEN OR LAWSUIT?	[ ] **YES**	[ ] **NO**
ARE THERE ANY DELINQUENT STATE OR FEDERAL TAXES OWED BY THE BUSINESS?	[ ] **YES**	[ ] **NO**
IS THE BUSINESS FOR SALE OR UNDER AGREEMENT THAT WOULD CHANGE THE OWNERSHIP OF THE BUSINESS?	[ ] **YES**	[ ] **NO**
HAS THE BUSINESS CHANGED NAMES IN THE LAST 5 YEARS?	[ ] **YES**	[ ] **NO**
HAS THE BUSINESS RELOCATED FROM ONE COUNTY TO ANOTHER IN THE PAST 5 YEARS?	[ ] **YES**	[ ] **NO**

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH DETAILS

Langley Federal Credit Union

REQUIRED SIGNATURES

By signing below, you certify that, to the best of your knowledge and belief, all information contained on this application [and in the accompanying statements and documents] is true, and correct. You agree to notify Langley Federal Credit Union (Langley) immediately of any material changes in this application. You authorize Langley or its assigns to contact any bank, business credit reporting and credit bureau agencies and associations it deems necessary without further notice to obtain credit information. You also authorize Langley or its assigns to make inquiries to the Internal Revenue Service, and to provide information concerning Applicant's credit relationship to business credit reporting and credit bureau agencies and associations and other creditors. This application remains the sole property of Langley whether or not the loan/lease is granted.

Applicant/Guarantor Signature	Date	Title
Co-Applicant/Guarantor Signature (Required)	Date	
Co-Applicant/Guarantor Signature (Required)	Date	
Co-Applicant/Guarantor Signature (Required)	Date	

For office use only

Branch	Employee Name	E-mail

Langley Federal Credit Union

BUSINESS DEBT SCHEDULE

COMPANY NAME:________________________________ Date:_

INDEBTEDNESS: Furnish the following information on all installment debts, contracts, notes and mortgage payable in the name of the business. Indicate by an asterisk (*) items to be paid by loan proceeds and reason for paying same (present balance should agree with latest balance sheet submitted). Do not include accounts payable or accrued liabilities. Do not include personal debt.

CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	MATURITY DATE	COLLATERAL/ SECURITY

TOTAL PRESENT BALANCE** $0.00

*Date should be the same as interim Financial Statement ** Total must agree with balance shown on interim balance sheet

Signature Date

LANGLEY FEDERAL CREDIT UNION

CONFIDENTIAL

PERSONAL FINANCIAL STATEMENT AS OF __________________________, 2_______

IMPORTANT: Read these directions before completing this Statement

( ) If you are applying for individual credit in your own name and are relying on your income or assets and not the income of another person as the basis for repayment of the credit requested, complete only Section 1 and 3.

( ) If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.

( ) If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections, providing information in Section 2 about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

( ) If this statement relates to your guaranty of the indebtedness of another person(s), firm(s), or corporation(s), complete Sections 1 and 3.

SECTION 1 - INDIVIDUAL INFORMATION (Type or Print)	**SECTION 2 - OTHER PARTY INFORMATION (Type or Print)**
Name	Name
SSN DOB	SSN DOB
Residence Address	Residence Address
City,State,Zip	City,State,Zip
Position or Occupation	Position or Occupation
Business Name	Business Name
Business Address	Business Address
City,State,Zip	City,State,Zip
Res. Phone Bus. Phone	Res. Phone Bus. Phone

SECTION 3 - STATEMENT OF FINANCIAL CONDITION (Complete all Pages)

ASSETS	($)	LIABILITIES	($)
Cash on Hand In LFCU		Debts Owed to Banks (Detail in Schedule C)	
Deposits in Other Institutions		Debts and Accounts Owed to Others (Detail in Schedule D)	
Notes and Accounts Due Me Collectible*		Real Estate Mortgages (Detail in Schedule A)	
Cash Value of Life Insurance		Taxes Accrued But Unpaid	
Real Estate (Detail Schedule A)		Taxes Paid Through:	
Partnerships (Detail Schedule E)		City & County: Year ______	
Stocks, Bonds, Securitiy Accts (Detail in Schedule B)		State: Year ______	
Vehicles (Make/Model/Year):		Federal: Year ______	
Other Assets:		Other Liabilities:	
		Total Liabilities	0.00
		Net Worth	0.00
Total Assets $	0.00	**Total Liab & Net Worth** $	0.00

* If over $1,000, itemize in provided Schedules or on Separate Schedules

SOURCES OF INCOME FOR YEAR ENDED ________________		**PERSONAL INFORMATION**
Salary, Bonuses, Commissions	$	Do you have a will? __________ If so, provide name of executor.
Dividends / Interest	$	
Real Estate Income	$	Are you a partner, owner or officer in any other venture? _______If so, describe.
Other Income	$	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.		Are you obligated to pay alimony, child support, or separate maintenance payments? _________ If so, describe.
		Are any assets pledged other than as described on schedules? ________ If so, describe.
TOTAL	$ 0.00	
CONTINGENT LIABILITIES		
Do you have any contingent liabilities? ________ If so, describe		Income tax settled through (date)
		Are you a defendant in any suits or legal actions?
As endorser, co-maker or guarantor	$	
On leases or contracts?	$	Personal Bank Accounts carried at:
Legal Claims	$	
Other Special Debt	$	Have you ever been bankrupt? _________ If so, when _______________ and describe
Amount of Contested Income Tax Liens	$	

ATTACH SEPARATE SCHEDULES IF NECESSARY

SCHEDULE A - REAL ESTATE

Address and Type of Property	Titled in Name Of	Cost ($) / Year Acquired		Present Market Value ($)	Total Balance Owed ($)	Mortgage Held By / Payment ($)	Frequency
		Cost ($)					
		Year					Per ___________________
		Cost ($)					
		Year					Per ___________________
		Cost ($)					
		Year					Per ___________________
			TOTAL $	0.00	0.00	0.00	Per ___________________

SCHEDULE B - STOCKS AND BONDS

No. Shares or Bond Amount ($)	Description	Titled in Name Of	Amount at which Carried on this Statement ($)	Present Market Value ($)	L-Listed or U-Unlisted
		TOTAL $	0.00	0.00	

SCHEDULE C - DEBTS OWED TO BANKS, CREDIT UNIONS (Including Credit Cards & Lines of Credit)

Name of Bank/CU	Collateral Pledged as Security or Name of Co-Maker or Endorser	Monthly Payment ($)	Current Balance ($)
	TOTAL $	0.00	0.00

SCHEDULE D - DEBTS AND ACCOUNTS OWED TO OTHERS (Itemize Debts over $500; Combine Debts under $500)

Name of Creditor	Collateral	Monthly Payment ($)	Current Balance ($)
	TOTAL $	0.00	0.00

SCHEDULE E - PARTNERSHIPS

Name / Description	NOI ($)	Debt Service ($)	Gross Value ($)	Debt ($)	% Ownership	Net Value ($)

SCHEDULE F - LIFE INSURANCE

Insurance Company	Insured	Beneficiary	Face Value ($)	Policy Loans	Cash Value ($)

I authorize Langley Federal Credit Union to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness, including but not limited to credit bureau inquires, verification of tax returns with the IRS, credit and banking references, etc. I certify the above and the statements contained in the attachments are true and accurate 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 and possible prosecution by the U.S. Attorney General. (Ref. 18 U.S. C. 1001).

Signature (Individual) ______________________________

Date Signed ______________________________

Signature (Other Party) ______________________________

Real Estate Portfolio Details - Investment Properties

Business Name: ______________________________________

Address	*Property Owner-Percentage of Ownership*	*Annual Rental Income*	*Annual Property Expenses*	*Monthly Mortgage Payment*

Signature: _______________________________________ **Date: ________________________**

Langley
Federal Credit Union

US PATRIOT ACT DISCLOSURE

Under Federal Regulation US Patriot Act, we are required to obtain the following information failure to provide this information can delay processing your request.

Date: __________________________ **Account No.**_______________________________

Customer Name: ____

Do you import? [ ] YES [ ] NO
From which countries? ____

Describe Products Imported: ____

Do you export? [ ] YES [ ] NO
To which countries? ____

Describe Products Exported: ____

Do you use Letters of Credit? [ ] YES [ ] NO
Could you mention the names of the Confirming / Advising credit union (s)

<u>Account Activity</u>

1. Expected average balance ____

2. Wire Transfers? [ ] YES [ ] NO If "YES", to which countries___________________________

   Annual amount expected to be wired to foreign countries: $______________________________

   Annual amount expected to be wired from foreign countries: $____________________________

3. Average number of monthly drawings ____

4. On a regular basis will you purchase:

   ___ Money Orders ___ Official Checks ___ Travel Checks

   Purpose of the above purchase: ____

<u>Source of Funds</u>

What is the origin of funds being deposited in the account and what percentage?

1. % of payments from customers ________

2. % of sale of corporate assets ________

3. % of sale of personal assets ________

4. % Other ___________________ ________

Completed by:

Print Name:

Form 4506-T (March 2019)

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.**

▸ **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)

5a 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.

5b Customer file number (if applicable) (see instructions)

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 5a, 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:** This form must be received by IRS within 120 days of the signature date.

☐ **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

Sign Here

▸ **Signature** (see instructions) — Date

▸ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▸ **Spouse's signature** — Date

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t.* Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

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 5a) 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.

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 “Get a Tax Transcript...” under “Tools” or call 1-800-908-9946.

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.

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:
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	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
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	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
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	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

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 addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

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. 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.

CAUTION *You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.*

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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

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 Forms and Publications Division
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.