



PRACTICE ACQUISITION LOAN CHECKLIST

The following information is necessary for *initial credit approval and commitment letter*. Other items will be requested in order to secure final commitment and closing.

SELLER INFORMATION

1. Completed and signed Seller Application with floor plan and photos if available
2. Last 3 years business tax returns, all federal schedules, or Schedule C for sole proprietor
3. Year to Date Income Statement and Balance Sheet no older than 60 days
4. Equipment/inventory list with total estimated market value and make/model/serial # of items \$5000+
5. Current Accounts Receivable Aging Summary – *even if A/R is not included in sale*
6. Copy of current lease or letter of intent from landlord for buyer's rent payment
7. Written breakdown of revenue sources by percentage (Office Pay, Insurance, Medicare, etc.)
8. Current office hours, both when open and doctor's actual hours
9. Seller's signed 4506 tax form – may sign blank if desired, for lender to complete

BUYER INFORMATION *Note: SBA forms may be used for conventional loans

1. Completed Buyer Application
2. Credit Authorization signed by borrower, spouse and any guarantors
3. SBA Personal Financial Statement joint with spouse (even if spouse not involved in transaction)
4. SBA Statement of Personal History (912 form) – prospective owners only
5. Personal Income and Expense form showing income sources like rent, alimony, other obligations etc
6. Resume/Curriculum Vitae including license issue dates, all positions held, dates, locations, details
7. Current Doctor's License for state practice is located
8. Personal Tax Returns for 3 years for principals (20% + owners) and guarantors
9. Year to date income, pay stubs or year to date income statement for independent contractor
10. Business Tax Returns for three years on any affiliate businesses (owned 20% + by borrower)
11. Letter of Intent, signed by both parties, including allocation of price – *required for loan submission*
12. Executive Summary/Business Plan – for SBA loans, a business plan format can be provided
13. 12 month projected profit and loss statement, for SBA loans – Coffman Capital may assist in this
14. Buyer's signed 4506 tax form – may sign blank if desired, for lender to complete
15. Copy of Driver's License (legible photo – digital photo or scan, please do not fax)

REAL ESTATE INFORMATION (only if real estate is involved):

1. Real estate appraisal, current or prior, if available – **do not order new appraisal at this time.**
2. Property data if no appraisal available; square footage, lot size, floor plan, date of construction, etc.
3. Current property tax assessment
4. Leases and rent rolls if building rented to other tenants; include amount of space occupied by owner and tenants, respectively.
5. Warranty Deed or complete address and legal description of property
6. Environmental survey, if available – **do not order environmental survey at this time.**

Please call your Coffman Capital Representative at 813-891-1811 to assist you in completing the above items. Thank you for letting Coffman Capital be your source for commercial business financing!



AUTHORIZATION TO OBTAIN CREDIT INFORMATION

Firm Name:		DBA:	
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By signing below, the undersigned individual(s), who is either a principal of the above referenced credit applicant or a personal guarantor of its obligations, provides written instruction to Coffman Capital, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her credit profile for a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application of the credit applicant, and subsequently for the purposes of update, renewal, or extension of such credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/We affirm my/our identity as the respective individual(s) identified in the above referenced application, and ratify and confirm all application information and authorize and consent to all terms contained therein.

All Guarantors must sign.

Signature:	
Print Name :	
Title:	
% Ownership:	
Social Security No.	
Address:	
City, State, Zip	
Home Phone:	
Date:	

Signature:	
Print Name:	
Title:	
% Ownership:	
Social Security No.	
Address:	
City, State, Zip	
Home Phone:	
Date:	

3-CreditAuthorization.doc

Practice Acquisition Loan Application**Coffman Capital Inc.**

108 S. Bayview Blvd.

Buyers Application and Questionnaire:

Oldsmar, FL 34677

Buyers Name:		Year Licensed:		Type:	
Home Address:		City:		State	Zip
Social Security#		Phone No:		Fax No:	
Cell Phone No:		Email:			
Current Practice (if applicable)		Name DBA:			
Address:		City:		State	Zip
Practice Status:	Own <input type="checkbox"/>	Associate <input type="checkbox"/>	Other		
If Owner, are you in process of selling your practice?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you presently under an employment contract or restrictive covenant?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, explain status on attachment		
Are you currently liable for any tax liens?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever filed for Bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain on attachment		
Last year's Joint Household Income:					
Previous year's Joint Household Income:					

Loan Financing Summary						
Purchase Price:		How was price determined?				
Working Capital:						
Real Estate:						
New Equipment Price:						
New Office Improvements:						
Accounts Receivables						
Total Project:						
Seller Note Financing:		Loan Term Requested:				
Cash Injection:		Approximate Closing Date:				
Total Loan Request						
Will the practice be a:	Sole Prop <input type="checkbox"/>	Sub-S <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corp <input type="checkbox"/>	LLC <input type="checkbox"/>	PA <input type="checkbox"/>
<p>By signing below, the undersigned individual(s), who is either a principal of the above referenced credit applicant or a personal guarantor of its obligations, provides written instruction to Coffman Capital, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her credit profile for a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application of the credit applicant, and subsequently for the purposes of update, renewal, or extension of such credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/We affirm my/our identity as the respective individual(s) identified in the above referenced application, and ratify and confirm all application information and authorize and consent to all terms contained therein.</p>						
All Buyers/Guarantors must sign. Please fill out separate application for each Guarantor/Buyer.						
Buyers signature:				Date:		

Practice Acquisition Loan Application

Coffman Capital Inc.

108 S. Bayview Blvd.

Oldsmar, FL 34677

Seller Questionnaire Part 1:

Background of Practice to be Purchased

Sellers Name:		Practice Name:					
Practice Address:		City:		State		Zip	
Phone No:		Fax No.		Email:			
Corporate structure	Sole Prop <input type="checkbox"/>	Sub-S <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corp <input type="checkbox"/>	LLC <input type="checkbox"/>	PA <input type="checkbox"/>	
Healthcare Field:		Date Practice Established:					
Years Seller at this practice:		Approximate Closing Date					
Why is practice being sold?							

Transaction Summary

Purchase Price		Note to Seller?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount:	
Allocation of Purchase Price:						
Patient Records (\$)		Accounts Receivable				
Equipment		Goodwill				
Supplies		Non-Compete				
Will all equipment at practice be paid off at closing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Liens on Practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, with whom?		Amount:	
Is Seller involved in any litigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please attach explanation.			
Seller to remain after sale for		months	Seller compensation after sale			
Non-compete Agreement:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:			

Practice Profile

Number of days Seller works in practice:	weekly		monthly	
Office Hours:				
Number of treatment rooms:		Average age of equipment:		
Primary Revenue – Generating Procedure:				

Office Lease or Building Purchase Information

Does Seller own the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is Buyer purchasing the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Price:		
Office Square Footage		Monthly Office Rent			
Landlord Contact:					

Patient Base

Number of patients treated in:	Last 12 months		Last 24 months	
Number of new patients in:	Last 12 months		Last 24 months	
Average Number of patients per day:		Average age of patients:		
Number of active patient records:				

Practice Acquisition Loan Application

Coffman Capital Inc.

108 S. Bayview Blvd.

Seller Questionnaire Part 2:

Oldsmar, FL 34677

Office Staff

Position	Days/weeks	Salary	Remaining with Practice		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>

Collection Sources

Office Payment:		%	Insurance:		%	
Medicare:		%	Workers Comp:		%	
Medicaid:		%	Personal Injury:		%	
HMO/PPO/Capitation		%	Other		%	
If seller is a member of any Insurance groups or HMO/PPO/Capitation programs, will Buyer assume these contracts?					Yes <input type="checkbox"/>	No <input type="checkbox"/>

Accounts Receivable – Please provide summary printout of totals

Included in Purchase:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approx. Amount of A/R (\$)		
Current(\$)		30 Days		60 Days	
				90 Days	
Total Amount in Collections (\$)			Percentage in Collections		%

Please provide an office layout sketch or drawing:

Sellers signature:

Date:



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

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

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

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

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

Description of Other Income in Section 1.

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

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

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

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

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

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

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

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

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

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

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

I authorize 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.**



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
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Amount Applied for (when applicable)	File No. (if known)
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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) _____
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Name and Address of participating lender or surety co. (when applicable and known)	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO INITIALS: _____ If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____
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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: _____
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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, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire.)	INITIALS: _____
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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.) <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	INITIALS: _____
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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 type="checkbox"/> 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 _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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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.



PERSONAL INCOME AND EXPENSE ANALYSIS

Applicant/Guarantor:			
<hr/>			
INCOME:		Monthly	Annual
Available Draw (NOI + Depreciation)	\$		\$
Gross Salary – Principal	\$		\$
Gross Salary – Spouse	\$		\$
Gross Rental Income	\$		\$
Recurring Interest/Dividend Income	\$		\$
Alimony*	\$		\$
Other Recurring Income	\$		\$
TOTAL INCOME	\$		\$
* Alimony or child support payments need not be disclosed unless it is desired to have such payments counted in total income.			
<hr/>			
EXPENSES:		Monthly	Annual
Mortgage Expense (P&I)	\$		\$
Rental Expense	\$		\$
Residential Exp. (Assoc. fees, maintenance, etc.)	\$		\$
Auto Loan Payments (All)	\$		\$
Installment Loan Payments (All)	\$		\$
Revolving Credit (5% of all balances)	\$		\$
Utilities/Phone (estimate)	\$		\$
Insurance (life, home, all personal)	\$		\$
Food (estimate)	\$		\$
Clothing (estimate)	\$		\$
Medical Expenses	\$		\$
Income Taxes (historical rate)	\$		\$
Property Taxes (historical rate)	\$		\$
Alimony (if applicable)	\$		\$
Child Care (if applicable)	\$		\$
Other Expenses:	\$		\$
Other Expenses:	\$		\$
TOTAL EXPENSES:	\$		\$
<hr/>			
NET DISCRETIONARY INCOME	\$		\$
<hr/>			
COVERAGE RATIO (income/expense)			
<hr/>			
Signature:		Date:	

COFFMAN CAPITAL, INC.

FINANCIAL & LEASING SERVICES

SOURCE AND USE OF FUNDS – PRACTICE FINANCING

Applicant:

A. List all major costs involved in the project/transaction:

Real Estate (If included in transaction)	DOLLAR AMOUNT	PAID	UNPAID
Land (if separate and/or construction) \$			
Building	\$		
Practice Acquisition	\$		
Deposits	\$		
Inventory	\$		
Working Capital	\$		
Training	\$		
Renovations/Leasehold Improvements	\$		
New Equipment	\$		
Sign(s)	\$		
Coffman Capital Origination Fee	\$		
TOTAL - A	\$	=	+

B. List below the sources of funds for all costs:

	DOLLAR AMOUNT	USED TO DATE	AVAILABLE
Cash (Spent and to be spent)	\$		
Marketable Securities (to be liquidated)	\$		
Coffman Capital Loan	\$		
Other Bank Loan (SBA, conventional, etc.)	\$		
Home Equity Loan	\$		
Credit Line drawdown	\$		
Personal Loan - Seller	\$		
Leasehold improvements paid by Landlord	\$		
Other (i.e., other investors)	\$		
TOTAL - B	\$	=	+

Note: Total of A must be the same figure as Total B

By: _____ Date: _____

Request for Transcript of Tax Return

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

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

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

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

- a** **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b** **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
- c** **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7** **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
- 8** **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

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

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

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

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

General Instructions

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

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

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

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

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

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

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

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

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

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

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

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

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

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

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

