



Hana Small Business Lending, Inc.

A subsidiary of Hana Financial, Inc.

CONVENTIONAL / SBA LOAN APPLICATION

BUSINESS INFORMATION					
Company Name / DBA			Date Established		Tax ID
Business Street Address				Telephone	
City		State	Zip	Fax	
Use of Proceeds Address (if different from business address)			City	State	Zip
Business Structure: <input type="radio"/> Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Non-Profit <input type="radio"/> LLC <input type="radio"/> Trust <input type="radio"/> Other					

OWNERSHIP DISTRIBUTION (List stockholders, directors, partners and all holders of outstanding stock -- 100% ownership must be shown)				
Note: Attach separate sheet if additional space is needed				
NAME	TITLE	# OF YRS	% OWNERSHIP	SOCIAL SECURITY #

AFFILIATES (List below any business concern in which the applicant company or any of the individuals have any ownership)		
Note: Attach separate sheet if additional space is needed		
NAME	TITLE	% OWNERSHIP

Nature of Business	Year Established	Yrs at Present Location	Own or Rent? ▼
# of Employees: Before Loan:		After Loan:	
		Business Tax ID#:	

Current Bank & Address:	
Accountant: Contact Name	Telephone # (with area code)
Insurance Agent: Contact Name	Telephone # (with area code)
Attorney: Contact Name	Telephone # (with area code)
Proposed Vesting if Real Estate Purchase	Escrow/Title Co (if RE purchase)

List any previous SBA or other Federal Government Debt					
NAME OF AGENCY	ORIGINAL AMOUNT OF LOAN	DATE OF REQUEST	APPROVED OR DECLINED	BALANCE	CURRENT OR PAST DUE
			▼		▼
			▼		▼
			▼		▼



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FINANCIAL INFORMATION					
Credit Relationships: Please provide details of your business credit relationships below.					
NAME OF CREDITOR	PURPOSE OF LOAN	ORIG LOAN AMOUNT	AMOUNT PRESENTLY OWING	REPAYMENT TERMS	MATURITY DATE

PROJECT INFORMATION					
ESTIMATED USE OF PROPOSED LOAN PROCEEDS					
Refinance Existing Bank Loan	\$	-	Machinery & Equipment	\$	-
Other Debt Repayment	\$	-	Furniture & Fixtures	\$	-
Land & Building Acquisition	\$	-	Inventory Purchase	\$	-
Land Acquisition	\$	-	Acquisition of Existing Business	\$	-
New Building Construction	\$	-	Working Capital	\$	-
Building Improvements or Repairs	\$	-	Other:	\$	-
Leasehold Improvements	\$	-	Other:	\$	-
TOTAL CAPITAL REQUIREMENTS (sum of all categories above)				\$	-
LESS: CASH BEING PROVIDED BY BORROWER (enter as a positive number)				\$	-
LESS: FUNDS PROVIDED BY OTHER SOURCES (enter as a positive number)				\$	-
LOAN AMOUNT REQUESTED				\$	-

MISCELLANEOUS INFORMATION	
Are there any outstanding tax liens or judgements filed against you or your company	<input type="checkbox"/> YES * <input type="checkbox"/> NO
Is the business an endorser, guarantor, or co-maker for any obligation not listed in the financial statements?	<input type="checkbox"/> YES * <input type="checkbox"/> NO
Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?	<input type="checkbox"/> YES * <input type="checkbox"/> NO
Are any principals or your business(es) involved in any pending lawsuits?	<input type="checkbox"/> YES * <input type="checkbox"/> NO
Does any applicant or their spouse or any member of their household, or any one who owns, manages or directs your business or their spouses or members of their household work for The Small Business Administration, Small Business Advisory Council, SCORE or ACE, and Federal Agency, or the participating lender?	<input type="checkbox"/> YES * <input type="checkbox"/> NO
Does the business presently, or as a result of this loan, engage in export trade?	<input type="checkbox"/> YES * <input type="checkbox"/> NO
* IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET.	

CERTIFICATION	
<p>The undersigned certifies that, to the best of his or her knowledge and belief, all information contained in this loan application and in the accompanying statements and documents is true, complete, and correct. The undersigned agrees to notify the Broker and/or Lender immediately of any material changes in this information. It is further agreed that, whether or not the loan herein applied for is approved, the undersigned will pay or reimburse the Broker and/or Lender for the costs, if any, of surveys, title or mortgage examinations, appraisals, etc., with the consent of the applicant. The undersigned authorizes the Broker and/or Lender to contact any bank and trade creditors it deems necessary at any time and without further notice, and to obtain verification and/or reverification of any business and/or personal information contained in the application, including credit information from any source named in this application or through a credit reporting agency.</p>	
Business Name (print):	_____
Applicant Signature:	_____ Date: _____
Applicant Title:	_____ Date: _____
Guarantor(s) Signature:	_____ Date: _____
Guarantor(s) Signature:	_____ Date: _____



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan.

Return completed form to:

- 7(a) loans** - to the lender processing the SBA application;
 - 504 loans** - to the Certified Development Company processing the SBA application;
 - ALL Disaster loans** - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243; and
 - 8(a)/BD** - applicants who are individuals claiming social and economic disadvantaged status and their spouses
- electronically at <http://www.sba.gov> or send hard copy with paper application to either of the two following offices listed below:

Mail to the following address, if your firm is located in one of the states below:	Mail to the following address, if your firm is located in one of the states below:
US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 1001 King of Prussia, PA 19406	US Small Business Administration Division of Program Certification and Eligibility 455 Market Street, 6th Floor San Francisco, CA 94105
MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, DE, GA, AL, NC, SC, MS, FL, KY, TN	IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA, NE, KS, CO, WY, ND, MT, UT, SD, CA, HI, GU (GUAM), NV, AZ, WA, AK, ID, OR

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)	
(Describe in Section 5)		Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Loan on Life Insurance	\$ _____
Stocks and Bonds	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate	\$ _____	Unpaid Taxes	\$ _____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles - Total Present Value	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property	\$ _____	Total Liabilities	\$ _____
(Describe in Section 5)		Net Worth	\$ _____
Other Assets	\$ _____		
(Describe in Section 5)			
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

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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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.

CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES 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. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 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, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than \$1,000,000.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

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. **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)	SBA District/Disaster Area Office
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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, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

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

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

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

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

CAUTION - PENALTIES FOR FALSE STATEMENTS: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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Agency Use Only 11. <input 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. If you wish to submit comments on the burden for completing this form, direct these comments to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.**



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MANAGEMENT RESUME

(COPY AS NEEDED FOR ALL PRINCIPALS AND MANAGEMENT)

Complete all sections using full first, middle and maiden names --- no initials. If an item is not applicable, please indicate. Duplicate form as needed. You may include additional relevant information on a separate sheet.

PERSONAL INFORMATION

First Name	Middle Name	Maiden Name	Last Name		
Social Security Number	Date of Birth	Place of Birth	US Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			If no, give alien reg. #		
Residence Phone (with area code)			Business Phone (with area code)		
Residence Address		City	State	Zip	How Long?
Previous Address		City	State	Zip	How Long?

Spouse's Name	Spouse's Middle Name	Spouse's Maiden Name	Spouse's Last Name		
Spouse's Social Security Number	Spouse's Date of Birth	Spouse's Place of Birth	Is Spouse a US Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			If no, give alien reg. #		
Are You Employed by the U.S. Government?	If Yes, What Agency/Position				
<input type="checkbox"/> YES <input type="checkbox"/> NO					

Have you ever been convicted, charged with or arrested for any criminal offense other than a minor motor vehicle violation?
 YES NO

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?
 YES NO

Are you or your business involved in any pending lawsuits?
 YES NO

If you answered Yes to any of the above, please furnish details in a separate exhibit.

EDUCATION

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

MILITARY SERVICE BACKGROUND

Branch	From	To	Honorable Discharge?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Rank at Discharge	Major Assignment / Accomplishment		

WORK EXPERIENCE (List chronologically, beginning with present employment)

1) Company Name / Location	From	To	Title
Duties			
2) Company Name / Location	From	To	Title
Duties			
3) Company Name / Location	From	To	Title
Duties			



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BUSINESS DEBT SCHEDULE

COMPANY NAME: _____

DATE: * _____

INDEBTEDNESS: Furnish the following information on all installment debts, contracts, notes and mortgages payable. 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.

CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	INTEREST RATE	MATURITY DATE	COLLATERAL / SECURITY
TOTAL BALANCE **			\$0	\$0			

* Date should be the same as interim Financial Statement

** Total must agree with balance shown on interim balance sheet

Signature

Date



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HISTORY OF BUSINESS

Company Name

Use separate attachments to answer questions if necessary.

NATURE OF BUSINESS

WHEN AND HOW WAS BUSINESS ESTABLISHED?

TYPE OF PRODUCTS / SERVICES

CUSTOMER PROFILE

LIST KEY CUSTOMERS

LIST MAJOR COMPETITORS

MAJOR SUPPLIERS

GEOGRAPHICAL SALES AREA

MAJOR PAST ACCOMPLISHMENTS

FUTURE PLANS FOR GROWTH / EXPANSION

HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTUNITIES? YES NO **IF YES, STATE HOW:**

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 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.

Telephone 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 _____