

Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What This Means for You: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

SPECIFICS OF LOAN REQUEST

Amount of Request:	Term (No. of Months) Requested:
Purpose/Use of Funds:	
Collateral:	

BORROWER INFORMATION

Business Name or TBD for New Entities:		DBA Name:		
Street:	City:	County:	State:	Zip:
Telephone Number:		Business Email:		
Legal Status: ☐ Partnership ☐ "C" Corporation ☐ "S" Corporation ☐ LLC ☐ Sole Proprietorship State of Incorporation/Organization _____				
Nature of Business:				
Tax ID Number:	Date Business Established:	Present Management Since:	# of Locations:	# of Employees:

BORROWER FINANCIAL INFORMATION

Most Recent Year's Tax Return:	Gross Revenue:	Ordinary Business Income (Loss):
Depreciation Expense:	Interest Expense:	Officer's Compensation:
Total Assets:	Total Liabilities:	Net Worth/Equity:

CO-BORROWER INFORMATION

Business Name or TBD for New Entities:		DBA Name:		
Street:	City:	County:	State:	Zip:
Telephone Number:		Business Email:		
Legal Status: ☐ Partnership ☐ "C" Corporation ☐ "S" Corporation ☐ LLC ☐ Sole Proprietorship State of Incorporation/Organization _____				
Nature of Business:				
Tax ID Number:	Date Business Established:	Present Management Since:	# of Locations:	# of Employees:

CO-BORROWER FINANCIAL INFORMATION

Most Recent Year's Tax Return:	Gross Revenue:	Ordinary Business Income (Loss):
Depreciation Expense:	Interest Expense:	Officer's Compensation:
Total Assets:	Total Liabilities:	Net Worth/Equity:

GUARANTOR INFORMATION (for all principals who own 20% or greater)

1) Name (First, MI, Last):		SSN:		% of Ownership:	Date of Birth:
Title:		Email:		Mother's Maiden Name:	
Street:		City:		State:	Zip
Home Phone:		Cell Phone:			
Affiliate Business Owned: Affiliate Business Name and % of Ownership:					
2) Name (First, MI, Last):		SSN:		% of Ownership:	Date of Birth:
Title:		Email:		Mother's Maiden Name:	
Street:		City:		State:	Zip
Home Phone:		Cell Phone:			
Affiliate Business Owned: Affiliate Business Name and % of Ownership:					
3) Name (First, MI, Last):		SSN:		% of Ownership:	Date of Birth:
Title:		Email:		Mother's Maiden Name:	
Street:		City:		State:	Zip
Home Phone:		Cell Phone:			
Affiliate Business Owned: Affiliate Business Name and % of Ownership:					

GUARANTOR INFORMATION (for all principals who own 20% or greater) – CONTINUED

4) Name (First, MI, Last):	SSN:	% of Ownership:	Date of Birth:
Title:	Email:	Mother's Maiden Name:	
Street:	City:	State:	Zip
Home Phone:	Cell Phone:		
Affiliate Business Owned: Affiliate Business Name and % of Ownership:			
Are all the above U.S. Citizens or U.S. Nationals who have their Principal Residence in the United States, its territories, or possessions? Yes No			
If the answer is no, effective March 1, 2026 per SBA Policy Notice 5000-876441, then the applicant company is not eligible for an SBA loan.			

GUARANTOR QUESTIONNAIRE

1. Are you presently subject to an indictment, criminal investigation, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?	Yes No
2. Have you been arrested in the past six months for any criminal offense?	Yes No
3. 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
4. Has an application for the loan you are applying for now ever been submitted to SBA or to a Certified Development Company or lender in connection with any SBA program?	Yes No
5. Are you presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency?	Yes No
6. If you are at least a 50% or more owner of the Applicant business, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services?	Yes No
7. Are any of your business' products or services exported or do you plan to begin exporting as a result of this loan? If "yes", provide the estimated total export sales this loan will support.	Yes No
8. Is your business a franchise?	Yes No
9. Does the Applicant business have any Affiliates? (20%+ ownership in another entity)	Yes No
10. Have you, the Applicant, its Affiliates, or any business owned or controlled by you or any Associates ever obtained a direct or guaranteed loan from SBA or any other Federal agency or been a guarantor on such a loan? (This includes student loans and disaster loans). Yes No If you answered "Yes", is any of the financing delinquent? Yes No If you answered "Yes", did any of this financing ever default or cause a loss to the Government?	Yes No
11. Are any of the Applicant's revenues derived from gambling or from the sale of products or services, or the presentation of any depiction, displays or live performances of a prurient sexual nature?	Yes No
12. Do you anticipate any monthly cash deposits? If yes, please provide an estimate. \$ _____	Yes No
13. Do you accept Direct Deposits and Wire Transfers? If yes, please attach an explanation.	Yes No
14. Do you own a private ATM?	Yes No

GUARANTOR QUESTIONNAIRE –CONTINUED

15. Are you acting as an internet gambling business?	Yes	No
16. Do you provide Check Cashing? If yes, please attach an explanation.	Yes	No
17. Do you provide Money Orders? If yes, please attach an explanation.	Yes	No
18. Do you provide a lottery service? If yes, please attach an explanation.	Yes	No
19. Will you be conducting business as a Money Store?	Yes	No
20. Are you a Politically Exposed Person (PEP)? If yes, please attach an explanation.	Yes	No
21. Have you ever file bankruptcy? If yes, please attach an explanation.	Yes	No
22. Are any businesses guaranteeing the loan owned by a Trust? Is any Real Estate being pledged as collateral owned by a Trust? If the answer is yes, please provide all Trust documentation.	Yes	No
<p>I certify that none of the direct and indirect owners of the Applicant, OC, and EPC, and all SBA-required guarantors, including entities of the Applicant, OC, and EPC, are Ineligible Persons. An Ineligible Person includes but is not limited to: 1. Undocumented aliens who are in the U.S. illegally; 2. An individual granted asylum, refugees, visa holders, nonimmigrant aliens under 8 U.S.C. § 1101(a)(15), or those under Deferred Action for Childhood Arrivals (DACA); 3. An individual, including a visa holder, who is not a U.S. Citizen, or U.S. National (non-resident aliens); 4. An individual (including U.S. Citizens, and U.S. Nationals) who has their Principal Residence outside of the United States, its territories, or possessions; 5. A business concern or entity that was created, organized, or incorporated outside of the United States, its territories, or possessions; 6. An individual who is a citizen of the People's Republic of China, or the Special Administrative Region of Hong Kong; 7. A Lawful Permanent Resident (LPRs) (commonly referred to as "green card holders"), including individuals with permanent (Unconditional) LPR status, and Conditional LPR status; or 8. An individual, business concern, or entity on the Office of Foreign Assets Control (OFAC) sanctions list (see SOP 50 10).</p>		
<p>I certify that all direct and indirect owners of the Applicant(s) and OC(s), and all SBA required guarantors, are U.S. Citizens or U.S. Nationals that have a principal residence (as given the meaning of principal residence in IRS publication 523) in the United States, its territories, or possessions; and all entity owners and guarantors were created, organized, or incorporated in the United States, its territories, or possessions.</p>		

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

<p>The following information is requested by the U.S. Small Business Administration in order to monitor that SBA assistance is being provided to diverse populations. You are not required to furnish this information, but please provide both ethnicity and race. For race, you may check more than one designation. If you choose not to furnish ethnicity, race, or gender information, and you have made this application in person, under Federal regulations we are required to note that information on the basis of visual observation or surname. If you do not wish to furnish the information please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which to lender is subject under applicable state law for the particular type of loan applied for.)</p>			
Applicant	☐ I do not wish to furnish gender, race or ethnicity information		
Race (Check all that apply)	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Pacific Islander		
Ethnicity	Hispanic or Latino ☐ Not Hispanic or Latino	Gender	☐ Female ☐ Male

APPLICANT CERTIFICATION & AUTHORIZATION TO RUN PERSONAL CREDIT

I hereby apply for the loan or credit described in this application on behalf of the applicant business. I certify that I made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I did not omit any important information. I agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my credit, either directly or through any agency employed by the Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my account. I understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to my application, credit or loan.

Lender may be relying on the creditworthiness of an individual other than the Applicant for the business loan. Because of my relationship to the Applicant or my role in the accommodation of the loan, my personal creditworthiness is a factor in the evaluation of the application or accommodations for the loan. By signing below, I authorize Lender to obtain a consumer credit report on me for the purpose of the evaluating the loan applicant.

Applicant Signature	Printed Name and Title	Date
Guarantor Signature (Required)	Printed Name and Title	Date
Guarantor Signature (Required)	Printed Name and Title	Date
Guarantor Signature (Required)	Printed Name and Title	Date
Guarantor Signature (Required)	Printed Name and Title	Date



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an SBA loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. SBA also uses the information to assess whether an individual meets the economic disadvantage threshold for the Women-Owned Small Business (WOSB) Program and the 8(a) Business Development (BD) Program. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

To complete this form

- 1) Check all that apply.
- 2) Complete the form in its entirety (attached a separate sheet, if necessary)
- 3) Review the applicable certifications and sign (spousal signature, if required)

7(a) loan / 504 loan / Surety Bonds

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:

For 7(a) loans: the Lender processing the application for SBA guaranty

For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty

For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee

Disaster Business Loan Application

Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan.

Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or disasterloans@sba.gov

Women Owned Small Business (WOSB) Federal Contracting Program

This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete.

SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$400,000 or less; less than \$6.5 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$850,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through beta.certify.sba.gov. For additional information go to: <http://wosb.certify.sba.gov>

8(a) Business Development Program

8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document.

SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$400,000 or less; less than \$6.5 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$850,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104.

Note: Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through [certify.sba.gov](http://www.sba.gov/8abd). For additional information go to: <http://www.sba.gov/8abd>

Name	Business Phone (xxx-xxx-xxxx)
Home Address	Home Phone (xxx-xx-xxxx)
City, State, & Zip Code	
Business Name of Applicant/Borrower	
Business Address (if different than home address)	
Business Type: ☐ Corporation ☐ S-Corp. ☐ LLC ☐ Partnership ☐ Sole Proprietor	
This information is current as of (mm/dd/yyyy) _____ (must be within 90 days of submission for Disaster or within 120 days of submission for 7(a)/504/SBG/8(a) BD/WOSB)	
WOSB applicant only, Married ☐ Yes ☐ No	

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
(Describe in Section 8)	Loan(s) Against 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.....	Other Liabilities.....
(Describe in Section 5, and include	(Describe in Section 7)
Year/Make/Model)	Total Liabilities.....
Other Personal Property.....	Net Worth.....
(Describe in Section 5)	
Other Assets.....	
(Describe in Section 5)	
Total	Total
\$ 0	\$ 0
	Must equal total in assets column.

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 should 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 part of this statement and signed.)

Names and Addresses 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 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 the SBA/Lender/Surety Company 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 and the spouse of any 20% or more owner when spousal assets are included)

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 or Surety Companies will rely on this information when making decisions regarding an application for a loan, surety bond, or participation in the WOSB or 8(a) BD program. I further certify that I have read the attached statements required by law and executive order.

Signature

Date

(mm/dd/yyyy)

Print Name

Social Security No.

(xxx-xx-xxxx)

Signature

Date

(mm/dd/yyyy)

Print Name

Social Security No.

(xxx-xx-xxxx)

NOTICE TO 7(a) LOAN, 504 LOAN AND SURETY BOND 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 or surety bond application. 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 thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

NOTICE TO DISASTER BUSINESS LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. § 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. § 645, 18 U.S.C. § 1001, 18 U.S.C. § 1014, 18 U.S.C. § 1040, 18 U.S.C. § 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. § 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE WOSB FEDERAL CONTRACTING PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as a WOSB or EDWOSB, or makes any other false statement in order to influence the WOSB Program eligibility determination or other review process in any way (e.g., protest), 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.

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

Any person who misrepresents a business concern's status as an 8(a) BD 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 treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; (4) subject to administrative remedies, including suspension and debarment; and (5) ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. The estimated average burden hours for the completion of this form is 1.5 hour per response. If you have questions or comments concerning this estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS

Privacy Act (5 U.S.C. 552a) and Debt Collection Improvement Act (31 U.S.C. 7701)

Authorities and Purpose for Collecting Information: The Small Business Administration (SBA) requires this information collection for the administration of financial and contracting assistance programs. For financial assistance programs authorized by Sec. 7(a) of the Small Business Act, 15 U.S.C. § 636 et seq., and Title V of the Small Business Investment Act of 1958, 15 U.S.C. § 695, et seq., SBA regulations require any loan guarantor and individual owners of the small business applicant to submit a personal financial statement to disclose their assets and liabilities (See, 13 CFR § 120.150). With respect to SBA's contracting assistance programs, SBA regulations at 13 CFR §§ 124.104, 124.112, and 124.1002; and 13 CFR § 127.203 require, among other things, that applicants and participants submit financial information as part of the application for SBA's contracting assistance programs. SBA is collecting the information on this form, including social security numbers and other personal information, to make credit or other eligibility decisions in connection with you or your company's application for SBA assistance.

SBA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed SBA, where applicable. For purposes of SBA's financial assistance programs, 31 U.S.C. 7701 requires loan applicants and guarantors, or any indemnitor of a surety bond to provide their social security numbers or other taxpayer identification numbers. Failure to provide this information would affect your ability to obtain an SBA loan or bond. For other individuals signing this form, the submission of the social security number is voluntary and failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, your social security number or other taxpayer identification number helps SBA to distinguish you from other individuals with the same or similar name or other personal identifier. This use is permitted under Executive Order 9397.

Routine Uses: The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use for SBA's loan system of records for personal use of information is to assist in obtaining credit bureau reports on Disaster Loan Applicants and guarantors for purposes of originating, servicing, and liquidating Disaster loans. The information in this system is used on a routine basis exclusively by authorized officials. Personal information collected is protected to the extent permitted by law, including the Freedom Information Act, 5 U.S.C. 552, and the Privacy Act 5 U.S.C. 552a. While the records are routinely used only for the purpose for which they are established, additional uses may be made in accordance to SBA's Privacy Act System of Records: SBA 20 - Disaster Loans Case Files, SBA 21- Loan Systems, SBA 30 - Government Contracting and Business Development, and SBA 26 - Power of Attorney Files. The notice of each system of records can be found here: <https://www.sba.gov/sites/default/files/2020-01/sba-sorns.pdf>.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) -- This is notice to you as required by the Right to Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guarantee. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government loan, loan guaranty agreement, or bond guarantee. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan or loan guaranty agreement, or bond agreement. No further notice to you of SBA's access rights is required during the term of any such agreement.

The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan or bond guarantee, or concerning an approved loan or loan guarantee, or approved bond guarantee, as necessary to process, service or foreclose on a loan or loan guarantee or collect on a defaulted loan or loan guarantee, or to process or service the bond guarantee. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

Freedom of Information Act (5 U.S.C. 552)

This law provides, with some exceptions, that SBA must supply information contained in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics), and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms, and the maturity. With respect to SBA's bond guarantee program, SBA will release, among other things, statistics on the Surety Bond Guarantee (SBG) programs and other information such as the names of small businesses (and their officers, directors, stockholders or partners) and the amount of the bond guarantees. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

MANAGEMENT RESUME

To be completed by each business owner with ownership interest of 20% or more, and by key management personnel

Applicant Business Name: _____
Full Legal Name: _____ Other Name(s) - aka _____
If attaching a separate resume or curriculum vitae (CV) check here: ☐

Education				
Name / Location		Date Completed	Area of Study/Major	Degree / Certificate
High School				
College				
Post Graduate				

Work Experience		
Company Name / Address		
From	To	Title
Duties		
Company Name / Address		
From	To	Title
Duties		
Company Name / Address		
From	To	Title
Duties		

Other – Please describe any other skill, credential, or experience that you wish to share about your management background that contributes to the success of the business:

By signing below, I certify that the above information is true and accurate.

Signature	Print Name
_____	_____
Title	Date
_____	_____

Form 4506-C (October 2022)	Department of the Treasury - Internal Revenue Service IVES Request for Transcript of Tax Return	OMB Number 1545-1872
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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-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name			ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.)			v. City	vi. State	vii. ZIP code
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name					ii. Telephone number
iii. Street address (including apt., room, or suite no.)			iv. City	v. State	vi. ZIP code

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

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 for line 6 transcripts

a. Return Transcript ☐ b. Account Transcript ☐ c. Record of Account ☐

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) ☐

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a ☐ Line 2a ☐

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

/ / / / / / / /

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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. 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-C 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 above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	☐ Form 4506-C was signed by an Authorized Representative		☐ Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	☐ Form 4506-C was signed by an Authorized Representative		☐ Signatory confirms document was electronically signed	
Print/Type name				

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

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

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

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 cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



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 if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C 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-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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

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

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

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

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

The time needed to complete and file Form 4506-C 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.
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-C 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.

BUSINESS DEBT SCHEDULE

Company Name : _____ Date: _____

This schedule should list loans, contracts and notes payable, not accounts payable or accrued liabilities. It should correspond to your interim balance sheet.

If no debt, fill out the top portion and write " NONE" in the section below and sign it at the bottom.

Creditor Name & Address	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral/Security	Original Purpose	Current Status?
				0.00%					
				0.00%					
				0.00%					
				0.00%					
				0.00%					
				0.00%					
				0.00%					
				0.00%					
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				0.00%					
				0.00%					
				0.00%					
				0.00%					
				0.00%					
				0.00%					
Totals:		\$ 0.00	\$ 0.00		\$ 0.00				

Applicant Signature: _____ Date: _____