



FIRST NORTHERN BANK

SBA Loan Application

SBA Loan Department

4600 Northgate Blvd., Suite 115

Sacramento, CA 95834

(888) 999-4SBA or (916) 567-6270



Member FDIC

M-26 (Rev. 02/03)



FIRST NORTHERN BANK

SBA Loan Application

This checklist has been provided to assist you through the process of gathering the necessary information for the initial evaluation of your loan request. Complete information will be necessary to process your application. Forms are provided for items 1 through 9. If you have any questions or need further assistance, please call our SBA Loan Department at (916) 567-6270 or (888) 999-4SBA.

Check (✓)

- _____ 1. **Loan Request Form.**
- _____ 2. **Project Information.**
- _____ 3a. **Personal Budget Analysis.**
- _____ 3b. **Personal Financial Statement.** Complete this form if: a) a sole proprietorship by the proprietor; b) a partnership by each limited partner with 20% or more ownership and by each general partner; c) a corporation by each stockholder with 20% or more ownership; d) an LLC by each member owning 20% or more; or e) any person providing a guaranty on the loan.
- _____ 4. **Management Resumé(s).** Provide complete resumé(s) on all individuals referred to in #3b above and on all officers and directors, if applicant is a corporation.
- _____ 5. **Business History.**
- _____ 6. **Business Debt Schedule.** Must be dated the same date as the Interim Financial Statement and reflect all outstanding liabilities as shown on the interim financial statement.
- _____ 7. **Certificate of Secretary** (for corporations only).
- _____ 8. **Authorization to Release Information.**
- _____ 9. **Request for Copy or Transcript of Tax Form.** Form 4506 for Business and Individual (sign and date only).

In addition, please provide the following for the business and all affiliates:

- _____ 10. **Business Financial Statement and Complete Federal Tax Returns with all Schedules.** Income statements, balance sheets and tax returns for three prior fiscal year-ends. Please note that all financial statements and tax returns must have original signatures and dates. After photocopying financial statements and tax returns, please sign and affix current date.
- _____ 11. **Interim Financial Statement.** Income statement and balance sheet dated no older than 45 days. Must be the same date as the debt schedule and the agings.
- _____ 12. **Accounts Receivable and Accounts Payable Agings,** if applicable. Same date as the Interim Financial Statement.
- _____ 13. **Personal Federal Tax Returns.** Complete tax returns for the past three years on each individual referred to in #3b above (Personal Financial Statement).
- _____ 14. **From All Affiliates.** (Any entity in which the applicant business or any of the individuals referred to in #3b has an ownership interest of 20% or more.) Complete Federal tax returns for the three prior fiscal year-ends and Interim Financial Statement.
- _____ 15. *For Corporations:* **Articles of Incorporation** **Corporate Bylaws**
For Partnerships: **Partnership Agreement**
For Sole Proprietorships: **Fictitious Name Statement (dba)**
For Limited Liability Companies (LLC): **Articles of Organization** **Operating Agreement**
For Limited Liability Partnerships (LLP): **Certificate of Registration** **LLP Agreement**
- _____ 16. **Projections Worksheet.** Monthly income and expense projection for one-year period, if applicable.
- _____ 17. **Copy of Purchase Agreement/Escrow Instructions, Notes Being Refinanced, FTC Disclosure and Franchise Agreement,** if applicable.
- _____ 18. **Business Plan.** Provide this if business has not started, has been established for less than 24 months, or request is to introduce a new line, product, etc.
- _____ 19. **Other** _____

Small Business Administration Loan Request Form

APPLICANT COMPANY

Company Name _____ Telephone _____

Address _____ Fax _____

City _____ State _____ ZIP _____

Email Address _____ Web Page Address _____

Type of Business _____ Date Established _____

Type of Entity: Corporation Partnership Sole Proprietorship
 Limited Liability Company Limited Liability Partnership

Number of Employees: Existing _____ After This Loan _____

Bank Contact _____ Telephone _____

Accountant Name _____ Telephone _____

Attorney Name _____ Telephone _____

OWNERSHIP OF APPLICANT COMPANY

List below all officers, directors, partners, owners & co-owners, and all stockholders with 20% or more of ownership total stock issued.

NAME	TITLE	% OF OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership.

COMPANY NAME	OWNER (Applicant Company or Individuals)	% OF OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

BORROWER(S)

If married, you may apply for individual credit.

Borrower Name(s) _____

Borrower(s) Entity Type: Partnership Sole Proprietorship Corporation Limited Liability Company
 Trust

Use of Proceeds Address (if different than business address) _____

City _____ State _____ ZIP _____

Business Tax I.D. # _____

Project Information

Use of proposed loan _____

How will this loan benefit your business? _____

The following section relates to your planned use for funds from this loan request. Please be as specific as possible. In those instances where funds are expected to be used in different ways, it is important to be accurate in breaking out anticipated expenditures by category. If you are using the "other" category below, please provide a complete description of the planned use.

PROJECT ITEMS	PROJECT COST
Land and Building Acquisition	\$
Land Acquisition	\$
Building Construction/Improvement (Hard Costs)	\$
Building Construction/Improvement (Soft Costs)	\$
Debt Refinance (copy of notes required)	\$
Business Acquisition (attach a list of assets and purchase agreement)	\$
Machinery/Equipment Acquisition	\$
Inventory	\$
Furniture	\$
Fixtures	\$
Working Capital (include loan fees)	\$
Other	\$
Total Project Cost	\$
*Less Borrowers Injection	\$
Total Loan Requested	\$

* Source of cash injection: Business Personal
 Borrowed Non-Borrowed

If borrowed, or not visible on current financial statements, provide explanation:

Personal Budget Analysis

Name _____

Date _____

INCOME

Available Draw	\$ _____
Gross Salary/Owner Draw	\$ _____
Spousal Salary	\$ _____
Gross Rental Income	\$ _____
Interest/Dividend Income	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Total Monthly Income	\$ _____

EXPENSE

Mortgage Payment (residence)	\$ _____
Mortgage Payment (rental)	\$ _____
Rental Expenses	\$ _____
Auto Loan Payments	\$ _____
Installment Payments	\$ _____
Credit Card/Credit Line	\$ _____
Utilities & Phone	\$ _____
Insurance	\$ _____
Food	\$ _____
Clothing	\$ _____
Child Care & Alimony	\$ _____
Income Tax (historical rate)	\$ _____
Installment Payments	\$ _____
Miscellaneous	\$ _____
Other _____	\$ _____
Total Monthly Expenses	\$ _____

\$ _____

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.**

Management Resumé

(Make copies as needed)

Please fill in all spaces. Use full first, middle and maiden names—no initials please. If an item is not applicable, please indicate.

Name _____ SS# _____
First Middle Maiden Last

Date of Birth _____ Place of Birth _____

Residence Telephone () _____ Business Telephone () _____

Residence Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Lived there from _____ to _____
Month and Year Month and Year

Please complete this section only if spouse is applying as a co-applicant.

Spouse's Name _____ SS# _____
First Middle Maiden Last

Date of Birth _____ Place of Birth _____

Are you a U.S. Citizen? Yes No If no, please attach a copy of your legal permanent resident card.

Are you employed by the U.S. Government? _____ Agency/Position _____

Are you presently under indictment or on parole or probation? Yes No If yes, indicate date parole or probation is to expire.

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

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

Have you ever been involved in bankruptcy or insolvency proceedings? Yes No If yes, furnish details in a separate exhibit.

Are you or your business involved in any pending lawsuits? Yes No If yes, furnish details in a separate exhibit.

EDUCATION

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

MILITARY SERVICE BACKGROUND

Branch _____ From _____ To _____ Honorable Discharge? _____

Rank at Discharge _____ Major assignment/accomplishment _____

WORK EXPERIENCE (List chronologically, beginning with present employment)

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Additional Information Attached — check here.

Business History

Please write about each of the business elements listed below. Include any brochures, advertising materials or printed history of the business if available. (Use separate attachments if necessary.)

GENERAL INFORMATION

Date business originally acquired by the seller and reason for selling _____

PRODUCTS OR SERVICES/DESCRIPTION OF BUSINESS ACTIVITY

If a manufacturer, describe the products you plan to make. If you are a retailer, discuss the various types of goods to be sold. If you are a service business, describe the services offered. _____

SALES/MARKETING ACTIVITY

Who will or do you sell to? (*retailers, wholesalers, the public*) _____

List your key customers. _____

How are your sales made? _____

Who are your suppliers and what are their credit sales terms? _____

How do you determine the price of your products or services? _____

How will or do you advertise? What promotional activities will you or do you conduct to generate sales? _____

REFERENCES (Include addresses & phone numbers)

List your references _____

(continued)

Business History *(continued)*

COMPETITION

Briefly list and describe your major competitors. _____

What advantage will or does your business have over your competitor's operation? _____

What is the approximate distance of your competitors, relative to your current/proposed location? _____

LOCATION

If a retail business, describe the area and the customer base. _____

Describe your business location's advantages and disadvantages. _____

FACILITIES

Describe the type and condition of the building, if applicable. _____

What improvements are needed, if any? _____

MISCELLANEOUS

List major accomplishments. _____

How will this loan benefit your business? _____

Business Debt Schedule

Company Name _____

Date*

This schedule should contain loans for contracts and notes payable, not accounts payable or accrued liabilities.

Creditor Name/Address	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral/Security
TOTAL PRESENT BALANCE**							

* Must match date on interim financial statement.

** Present Balance Total must agree with total shown on interim balance sheet.

Signature

Certificate of Secretary

(This applies to corporations only.)

I certify that I am the secretary of _____, and that the following persons hold positions in this corporation and/or own shares in this corporation in the amount and form designated.

DIRECTORS

Name _____

Name _____

Name _____

Name _____

OFFICERS

President Name _____

Vice President Name _____

Secretary Name _____

Treasurer Name _____

SHAREHOLDERS

Name	Number of shares	% of shares outstanding	Form of ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By (Secretary) _____ Date _____

Authorization to Release Information

I/We hereby authorize the release to **First Northern Bank** of any and all information they may require at any time for any purpose related to our credit transaction with them. I/We further authorize **First Northern Bank** to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of **First Northern Bank**.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____



U.S. Small Business Administration

Form **4506**

(Rev. May 1997)

Department of the Treasury
Internal Revenue Service

Request for Copy or Transcript of Tax Form

► **Read instructions before completing this form.**

OMB No. 1545-0429

► **Type or print clearly. Request may be rejected if the form is incomplete or illegible.**

Note: Do not use this form to get tax account information. Instead, see instructions below.

1a Name shown on tax form. If a joint return, enter the name shown first.	1b First social security number on tax form or employer identification number (see instructions)
2a If a joint return, spouse's name shown on tax form	2b Second social security number on tax form
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3	
5 If copy of form or a tax return transcript is to be mailed to someone else, enter the third party's name and address	

FIRST NORTHERN BANK, SBA Loan Department
4600 Northgate Blvd, Ste 115 Sacramento, CA 95834

6 If we cannot find a record of your tax form and you want the payment refunded to the third party, check here

7 If name in third party's records differs from line 1a above, enter that name here (see instructions) ►

8 Check only one box to show what you want. There is **no charge** for items 8a, b, and c:

a Tax return transcript of Form 1040 series filed during the **current calendar year** and the **3 prior calendar years** (see instructions).

b Verification of nonfiling.

c Form(s) W-2 information (see instructions).

d Copy of tax form and all attachments (including Form(s) W-2, schedules, or other forms). **The charge is \$23 for each period requested.**

Note: If these copies must be certified for court or administrative proceedings, see instructions and check here

9 If this request is to meet a requirement of one of the following, check all boxes that apply.

Small Business Administration Department of Education Department of Veterans Affairs Financial institution

10 <input checked="" type="checkbox"/> Tax form number (Form 1040, 1040A, 941, etc.)	12 Complete only if line 8d is checked. Amount due:	Does not apply to SBA 00 transcript requests
11 Tax period(s) (year or period ended date). If more than four, see instructions.	a Cost for each period \$	
	b Number of tax periods requested on line 11	
	c Total cost. Multiply line 12a by line 12b. \$	

Full payment must accompany your request. Make check or money order payable to "Internal Revenue Service."

Caution: Before signing, make sure all items are complete and the form is dated.

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. I am aware that based upon this form, the IRS will release the tax information requested to any party shown on line 5. The IRS has no control over what that party does with the information.

Please Sign Here	Signature. See instructions. If other than taxpayer, attach authorization document.	Date	Telephone number of requester ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		Best time to call 916 567-6270
	Spouse's signature	Date	TRY A TAX RETURN TRANSCRIPT (see line 8a instructions)

Instructions

Section references are to the Internal Revenue Code.

TIP: If you had your tax form filled in by a paid preparer, check first to see if you can get a copy from the preparer. This may save you both time and money.

Purpose of Form.—Use Form 4506 to get a tax return transcript, verification that you did not file a Federal tax return, Form W-2 information, or a copy of a tax form. Allow 6 weeks after you file a tax form before you request a copy of it or a transcript. For W-2

information, wait 13 months after the end of the year in which the wages were earned. For example, wait until Feb. 1999 to request W-2 information for wages earned in 1997.

Do not use this form to request Forms 1099 or tax account information. See this page for details on how to get these items.

Note: Form 4506 must be received by the IRS within 60 calendar days after the date you signed and dated the request.

How Long Will It Take?—You can get a tax return transcript or verification of nonfiling within 7 to 10 workdays after the IRS receives your request. It can take up to 60 calendar

days to get a copy of a tax form or W-2 information. To avoid any delay, be sure to furnish all the information asked for on Form 4506.

Forms 1099.—If you need a copy of a Form 1099, contact the payer. If the payer cannot help you, call or visit the IRS to get Form 1099 information.

Tax Account Information.—If you need a statement of your tax account showing any later changes that you or the IRS made to the original return, request tax account information. Tax account information lists

(Continued on back)

certain items from your return, including any later changes.

To request tax account information, write or visit an IRS office or call the IRS at the number listed in your telephone directory.

If you want your tax account information sent to a third party, complete **Form 8821**, Tax Information Authorization. You may get this form by phone (call 1-800-829-3676) or on the Internet (at <http://www.irs.ustreas.gov>).

Line 1b.—Enter your employer identification number (EIN) **only** if you are requesting a copy of a **business** tax form. Otherwise, enter the first social security number (SSN) shown on the tax form.

Line 2b.—If requesting a copy or transcript of a joint tax form, enter the second SSN shown on the tax form.

Note: *If you do not complete line 1b and, if applicable, line 2b, there may be a delay in processing your request.*

Line 5.—If you want someone else to receive the tax form or tax return transcript (such as a CPA, an enrolled agent, a scholarship board, or a mortgage lender), enter the name and address of the individual. If we cannot find a record of your tax form, we will notify the third party directly that we cannot fill the request.

Line 7.—Enter the name of the client, student, or applicant if it is different from the name shown on line 1a. For example, the name on line 1a may be the parent of a student applying for financial aid. In this case, you would enter the student's name on line 7 so the scholarship board can associate the tax form or tax return transcript with their file.

Line 8a.—If you want a tax return transcript, check this box. Also, on line 10 enter the tax form number and on line 11 enter the tax period for which you want the transcript.

A tax return transcript is available only for returns in the 1040 series (Form 1040, Form 1040A, 1040EZ, etc.). It shows most line items from the original return, including accompanying forms and schedules. In many cases, a transcript will meet the requirement of any lending institution such as a financial institution, the Department of Education, or the Small Business Administration. It may also be used to verify that you did not claim any itemized deductions for a residence.

Note: *A tax return transcript does not reflect any changes you or the IRS made to the original return. If you want a statement of your tax account with the changes, see **Tax Account Information** on page 1.*

Line 8b.—Check this box only if you want proof from the IRS that you did not file a return for the year. Also, on line 11 enter the tax period for which you want verification of nonfiling.

Line 8c.—If you want only Form(s) W-2 information, check this box. Also, on line 10 enter "Form(s) W-2 only" and on line 11 enter the tax period for which you want the information.

You may receive a copy of your actual Form W-2 or a transcript of the information, depending on how your employer filed the form. However, state withholding information is not shown on a transcript. If you have filed your tax return for the year the wages were earned, you can get a copy of the actual Form W-2 by requesting a complete copy of your return and paying the required fee.

Contact your employer if you have lost your current year's Form W-2 or have not received it by the time you are ready to prepare your tax return.

Note: *If you are requesting information about your spouse's Form W-2, your spouse must sign Form 4506.*

Line 8d.—If you want a certified copy of a tax form for court or administrative proceedings, check the box to the right of line 8d. It will take at least 60 days to process your request.

Line 11.—Enter the year(s) of the tax form or tax return transcript you want. For fiscal-year filers or requests for quarterly tax forms, enter the date the period ended; for example, 3/31/96, 6/30/96, etc. If you need more than four different tax periods, use additional Forms 4506. Tax forms filed 6 or more years ago may not be available for making copies. However, tax account information is generally still available for these periods.

Line 12c.—Write your SSN or EIN and "Form 4506 Request" on your check or money order. If we cannot fill your request, we will refund your payment.

Signature.—Requests for copies of tax forms or tax return transcripts to be sent to a third party must be signed by the person whose name is shown on line 1a or by a person authorized to receive the requested information.

Copies of tax forms or tax return transcripts for a jointly filed return may be furnished to either the husband or the wife. Only one signature is required. However, see the line 8c instructions. Sign Form 4506 exactly as your name appeared on the original tax form. If you changed your name, **also** sign your current name.

For a corporation, the signature of the president of the corporation, or any principal officer and the secretary, or the principal officer and another officer are generally required. For more details on who may obtain tax information on corporations, partnerships, estates, and trusts, see section 6103.

If you are **not** the taxpayer shown on line 1a, you must attach your authorization to receive a copy of the requested tax form or tax return transcript. You may **attach a copy of the authorization document** if the original has already been filed with the IRS. This will generally be a **power of attorney** (Form 2848), or **other authorization**, such as Form 8821, or evidence of entitlement (for Title 11 Bankruptcy or Receivership Proceedings). If the taxpayer is deceased, you must send Letters Testamentary or other evidence to establish that you are authorized to act for the taxpayer's estate.

Where To File.—Mail Form 4506 with the correct total payment attached, if required, to the **Internal Revenue Service Center** for the place where you lived when the requested tax form was filed.

Note: *You must use a separate form for each service center from which you are requesting a copy of your tax form or tax return transcript.*

If you lived in:	Use this address:
New Jersey, New York (New York City and counties of Nassau, Rockland, Suffolk, and Westchester)	1040 Waverly Ave. Photocopy Unit Stop 532 Holtsville, NY 11742
New York (all other counties), Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	310 Lowell St. Photocopy Unit Stop 679 Andover, MA 01810
Florida, Georgia, South Carolina	4800 Buford Hwy. Photocopy Unit Stop 91 Doraville, GA 30362

Indiana, Kentucky, Michigan, Ohio, West Virginia	P.O. Box 145500 Photocopy Unit Stop 521 Cincinnati, OH 45250
Kansas, New Mexico, Oklahoma, Texas	3651 South Interregional Hwy. Photocopy Unit Stop 6716 Austin, TX 73301
Alaska, Arizona, California (counties of Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba), Colorado, Idaho, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	P.O. Box 9941 Photocopy Unit Stop 6734 Ogden, UT 84409
California (all other counties), Hawaii	5045 E. Butler Avenue Photocopy Unit Stop 52180 Fresno, CA 93888
Illinois, Iowa, Minnesota, Missouri, Wisconsin	2306 E. Bannister Road Photocopy Unit Stop 6700, Annex 1 Kansas City, MO 64999
Alabama, Arkansas, Louisiana, Mississippi, North Carolina, Tennessee	P.O. Box 30309 Photocopy Unit Stop 46 Memphis, TN 38130
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, a foreign country, or F.P.O. address	11601 Roosevelt Blvd. Photocopy Unit DP 536 Philadelphia, PA 19255

Privacy Act and Paperwork Reduction Act Notice.—We ask for the information on this form to establish your right to gain access to your tax form or transcript under the Internal Revenue Code, including sections 6103 and 6109. We need it to gain access to your tax form or transcript in our files and properly respond to your request. If you do not furnish the information, we will not be able to fill your request. We may give the information to the Department of Justice or other appropriate law enforcement official, as provided by law.

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 this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 13 min.; **Learning about the law or the form**, 7 min.; **Preparing the form**, 26 min.; and **Copying, assembling, and sending the form to the IRS**, 17 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the form to this address. Instead, see **Where To File** on this page.