



Equal Housing Lender | Member FDIC

# SBA Preferred Lender

SBA Loan Application

Fax: (903) 586-8952



**Business Application**



**Legal Questionnaire**



**Personal Information**



**Projections**



**Form 912**



**Form 4506**



**Personal Financial**



Reset Form

Texas National Bank of Jacksonville, TNB, is interested in reviewing some information from you in order to determine eligibility for a loan application for submission to the U. S. Small Business Administration. The following is a checklist of information that will be needed for preliminary analysis of your loan request.

**EXISTING BUSINESS:**

- Last 3 year-end financial statements (Balance Sheet & Income Statement)
- Last 3 years tax returns
- Current (within 90 days) interim financial statement
- Schedule of Business Debts (form included in this package)
- Brief History of Business and number of employees
- Personal Information / Résumé(s) (form included in packet, if needed)
- Current Accounts Receivable and Accounts Payable ageing to match the same date as the interim financial statement (if applicable)

**START UP BUSINESS:**

- 2-Year Pro-Forma balance sheet and income statement with assumptions describing the basis of the projection numbers (form included, but excel spreadsheet is acceptable)
- Brief Description of the Business and number of employees
- Demographics and Study of Area
- Copy of UFOC if Applicable

**PERSONAL INFORMATION REQUIRED ON LOANS:**

- Current Personal Financial Statement and cash flow statement. (Forms Included)
- Last 3 years personal tax returns
- IRS Form 4506T (Included)

**AFFILIATE INFORMATION:**

- Need bullet points 1-5 above if you own more than 20% and/or have a controlling interest in the company.

Upon receipt of this information, we will review for eligibility and proceed for loan committee approval. If the bank's loan committee approves your request, there will be additional information needed in order to complete a request for SBA's approval.

If you have any questions, please do not hesitate to contact us.

[www.txnationalbank.com](http://www.txnationalbank.com)  
[\(903\) 586-0931](tel:9035860931)

Fax: (903) 586-8952

**BUSINESS LOAN APPLICATION**

Company Name \_\_\_\_\_ DBA or Franchise (If Applicable) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Contact Name \_\_\_\_\_

Street \_\_\_\_\_ Suite # \_\_\_\_\_ Website \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Company Founded \_\_\_\_\_ Date of Current Ownership \_\_\_\_\_ Number of Current Locations \_\_\_\_\_

Number of Employees (Current) \_\_\_\_\_ Number of Employees (After Financing) \_\_\_\_\_ Tax Identification # \_\_\_\_\_

Type of Organization \_\_\_\_\_ State of Organization \_\_\_\_\_

Does the business currently have plans for future locations?  Yes  No (If Yes, how many?) \_\_\_\_\_

Do sales to any one customer exceed 10% of business's annual revenue?  Yes  No

Type of Business  Service  Retail  Wholesale  Mfg.  Distribution  Other (Describe) \_\_\_\_\_

Describe products and services: \_\_\_\_\_

Customer Profile / Key Clients: \_\_\_\_\_

Major Competitors: \_\_\_\_\_

Major Past Accomplishments: \_\_\_\_\_



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### PROJECT SUMMARY

Land and Building Acquisition	\$ _____	Debt Refinance	\$ _____
Building Improvements / Construction	\$ _____	Closing Costs	\$ _____
Equipment Purchase	\$ _____	Other _____	\$ _____
Debt Refinance	\$ _____	Other _____	\$ _____
Working Capital	\$ _____	Other _____	\$ _____
Inventory	\$ _____	Other _____	\$ _____
Business / Practice Acquisition	\$ _____	Other _____	\$ _____
<b>Total Estimated Project Costs</b>			\$ _____
Less Applicant's Equity / Cash Injection			\$ _____
Less Seller Financing (If applicable)			\$ _____
<b>Total Loan Required for Project</b>			\$ _____

### OWNERSHIP

List below all owners, partners, Limited Liability Corporation (LLC) members, and stockholders totaling 100% of ownership. For corporations, identify all corporate officers regardless of ownership. For a Partnership or LLC, identify the managing / general partner or managing member. **If additional owners, check here and attach a separate sheet.**

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ SSN \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ SSN \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ SSN \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### AFFILIATES

List below all business concerns in which the applicant company or any individuals listed in the Ownership Section above have 20% or more ownership or controlling interest. Affiliation also exists where an individual(s) has control of the Small Business Company and another concern(s) even though the ownership of one or both is small. **If additional affiliates, check here  and attach a separate sheet.**

Company Name \_\_\_\_\_ Owned By: \_\_\_\_\_ Ownership % \_\_\_\_\_  
 Address \_\_\_\_\_ # Employees \_\_\_\_\_

Company Name \_\_\_\_\_ Owned By: \_\_\_\_\_ Ownership % \_\_\_\_\_  
 Address \_\_\_\_\_ # Employees \_\_\_\_\_

### BUSINESS DEBT

**If additional loan and/or leases, check here  and attach a separate sheet. Please attach a separate sheet for each affiliate.**

Lender	Purpose	Original Amount	Current Balance	Monthly Payment	Interest Rate	Maturity Date	Collateral	Status	As of Date
		\$	\$	\$	%			Current <input type="checkbox"/> Past Due <input type="checkbox"/>	
		\$	\$	\$	%			Current <input type="checkbox"/> Past Due <input type="checkbox"/>	
		\$	\$	\$	%			Current <input type="checkbox"/> Past Due <input type="checkbox"/>	
		\$	\$	\$	%			Current <input type="checkbox"/> Past Due <input type="checkbox"/>	





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PERSONAL INFORMATION

This form is an integral part of the TNB loan application and should be completed by each owner, partner, or stockholder with 20% or more ownership in the Applicant Company or entity providing a guaranty on the loan.

Name \_\_\_\_\_ First \_\_\_\_\_ Middle Init. Last \_\_\_\_\_

List any previous names, i.e. maiden name, alias, etc. (if additional name, please attach a separate sheet)

Name(s) \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EDUCATION (Please complete the following, or attach resume)

Institution.Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree \_\_\_\_\_ Course of Study \_\_\_\_\_

Institution.Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree \_\_\_\_\_ Course of Study \_\_\_\_\_

WORK EXPERIENCE (Last five years, if applicable. Please complete the following, or attach resume)

Company Name / Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title \_\_\_\_\_ Duties \_\_\_\_\_

Company Name / Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title \_\_\_\_\_ Duties \_\_\_\_\_

Company Name / Location \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Title \_\_\_\_\_ Duties \_\_\_\_\_

MILITARY SERVICE BACKGROUND

Branch \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Honorable Discharge:  Yes  No Rank upon Discharge \_\_\_\_\_ Grade \_\_\_\_\_

PREVIOUS SBA OR FEDERAL GOVERNMENT DEBT (requested or received. Attach a separate sheet if needed.)

Table with 7 columns: Federal Agency, Approved / Declined, Date of Application, Original Loan Amount, Current Balance, Status, Loss to Govt.?

CREDIT CHECK AUTHORIZATION

I / We, the undersigned, certify that all statements and information in this loan application, and on each document submitted in connection with this request, including federal income tax returns, are true, correct and complete. I / We hereby authorize Lender to make any and all inquiries deemed necessary to verify the accuracy of the information provided to it, including inquiries to the Internal Revenue Service and any credit reporting agencies. I / We further authorize all other financial institutions and credit reporting agencies to provide Lender with any information they may have concerning their credit experience with me / us. Additionally, I / We agree to promptly notify Lender of any material change in any such information.

I / We authorize Lender to provide to any investor to whom Lender may offer to sell my / our loan, any and all information and documentation which Lender has pertaining to the loan or my / our finances. Such information includes, but is not limited to information regarding employment history, personal account information, credit history and copies of income tax returns pertaining to the undersigned.

Signature \_\_\_\_\_ Date \_\_\_\_\_





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](http://www.sba.gov).

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)	SBA District/Disaster Area Office	
	Amount Applied for (when applicable)	File No. (if known)

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) _____	

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 <b>INITIALS:</b> _____ If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. citizen provide alien registration number: _____
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6. Present residence address: From: _____ To: _____ Address: _____  Home Telephone No. (Include Area Code): _____ Business Telephone No. (Include Area Code): _____	Most recent prior address (omit if over 10 years ago): From: _____ To: _____ Address: _____
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**PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.**

**YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.**

**IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.**

7. Are you presently under indictment, on parole or probation? **INITIALS:** \_\_\_\_\_  
 Yes  No (If yes, indicate date parole or probation is to expire.)

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

9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?  
 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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<b>Agency Use Only</b> 11. <input type="checkbox"/> Fingerprints Waived _____ Date _____ Approving Authority _____ <input type="checkbox"/> Fingerprints Required _____ Authority 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 _____ (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)
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PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. **PLEASE DO NOT SEND FORMS TO OMB.**



**PERSONAL FINANCIAL STATEMENT**

As of \_\_\_\_\_, \_\_\_\_\_

**U.S. SMALL BUSINESS ADMINISTRATION**

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; 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:

<b>Mail to the following address, if your firm is located in one of the states below:</b>	<b>Mail to the following address, if your firm is located in one of the states below:</b>
US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 1001 King of Prussia, PA 19406	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

Name(s)	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	

Business Name of Applicant/Borrower

ASSETS		LIABILITIES	
	(Omit Cents)		(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	\$ 0
(Describe in Section 5)		Net Worth	\$ 0
Other Assets	\$ 0		
(Describe in Section 5)			
<b>Total</b>	<b>\$ 0</b>	<b>Total</b>	<b>\$ 0</b>

<b>Section 1. Source of Income</b>	<b>Contingent Liabilities</b>
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 (we) 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 (we) 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 (we) 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.**





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# Attachment to Personal Financial Statement

Date: \_\_\_\_\_

## Schedule A - Cash Flow Statement

Sources of Funds	Prior Calendar Year	Proj. Calendar Year
Salaries		
Commissions		
Bonuses		
Other Income from Employment		
Rents Received		
Dividends		
Interest Income		
Sale of Assets		
Royalties		
Distributions from Estates & Trusts		
Cash Distributions from Businesses, Partnerships, or Joint Ventures		
Income Tax Refund Received this Year		
Other Sources of Cash		
<b>Total Cash Received</b>	0	0

Uses of Funds	Prior Calendar Year	Proj. Calendar Year
Personal Expenses: Mortgage / Lease		
Personal Expenses: Utilities		
Personal Expenses: Household		
Personal Expenses: Miscellaneous		
Bank Loans - Principal and Interest		
Other Loans - Principal and Interest		
Insurance Payments		
Income Tax Withheld from your Income		
Other Uses of Cash		
<b>Total Cash Outlays</b>	0	0

<b>Cash Flow Surplus(Deficit)</b>	0	0
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## Schedule B - Contingent Liabilities

Type of Contingency	Purpose	To Whom	Amount	Maturity Date or Exp. Date.





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### TNB SBA Legal Questionnaire

1) Are any assets listed herein held under a trust agreement, in an estate or in any other name or capacity?  
 Yes  No If Yes, Please explain

2) Were any of the Assets (i) owned or claimed by your spouse before marriage; or (ii) acquired by your spouse during marriage by gift or inheritance; or (iii) recovered for personal injuries sustained by your spouse during marriage?  
 Yes  No If Yes, Please explain

3) Do any of the Assets in whole or in part consist of, or were they purchased in whole or in part with, personal earnings of your spouse or revenue from property of your spouse of the kinds mentioned in the preceding Question 2, or from proceeds of liquidation of any kinds mentioned in Question 2?  
 Yes  No If Yes, Please explain

4) Are you presently separated from your spouse?  
 Yes  No If Yes, Please explain

5) Have you ever filed for personal bankruptcy, had property you owned foreclosed, or made a settlement or an assignment for the benefit of creditors?**TTNB**  
 Yes  No If Yes, Please explain

6) Has any corporation or partnership in which you are (were) a major owner or a general partner ever filed for bankruptcy, had property in it foreclosed, or made a settlement or assignment for the benefit of creditors?  
 Yes  No If Yes, Please explain

7) Are you, or any corporation or partnership in which you are (were) a major owner or a general partner, a party to any suit or legal action, or are there any unsatisfied judgments against you?  
 Yes  No If Yes, Please explain

8) Are any income tax returns, whether personal or that of any corporation or partnership in which you are (were) a major owner or a general partner, currently being audited or contested?  
 Yes  No If Yes, Please explain

9) Do you or your spouse or any member of your household, or anyone 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, ACE, or a Federal Agency or the participating lender?  
 Yes  No If Yes, Please explain

10) Have you ever been disbarred from doing business with the U.S. Government?  
 Yes  No If Yes, Please explain

11) Have you ever been arrested, charged with, convicted of, or 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? Include offenses which have been dismissed, discharged, or not prosecuted.  
 Yes  No If Yes, Please explain

12) Are you a United States Citizen?  
 Yes  No If No, Are you a Lawful Permanent ResidentAlien?  Yes  No

13) Are any of your real estate properties used by you in business?  
 Yes  No If Yes, Please explain

14) Are your business and personal taxes current?  
 Yes  No If No, Please explain

Signature \_\_\_\_\_

Date \_\_\_\_\_





## PROJECTED PROFIT AND LOSS STATEMENT

Month	1	2	3	4	5	6	7	8	9	10	11	12	Total Year 1
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**REVENUE (in dollars)**

Gross Sales or Receipts													
Other Income													
Cost of Goods Sold													
Gross Profits													

**EXPENSES (in dollars)**

Officer Salaries													
Employee Wages & Salaries													
Payroll Taxes													
Accounting & Legal Fees													
Advertising / Selling Expense													
Bank / Credit Card Fees													
Depreciation & Amortization													
Insurance													
Office Expense													
Property Taxes													
Rent													
Repairs & Maintenance													
Supplies													
Telephone													
Utilities													
Other Expenses: (specify)													
_____													
_____													
_____													
_____													
_____													
_____													
_____													
<b>Total Expenses</b>													
<b>Net Profits Before Taxes</b>													



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# Request for Transcript of Tax Return

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

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> 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.	

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 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 provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 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 2010, filed in 2011, will not be available from the IRS until 2012. 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.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . .

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

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **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 the signature date.

Phone number of taxpayer on line 1a or 2a

<b>Sign Here</b>	▶ Signature (see instructions)	Date
	▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
	▶ Spouse's signature	Date