



U.S. Small Business Administration

DISASTER HOME LOAN APPLICATION

--FOR SBA INTERNAL USE ONLY--

OMB Control No.: 3245-0018
Exp.: 01/31/2018

Physical Declaration Number: _____

Date Submitted: _____ By: _____

FEMA Registration Number: _____

Location: _____

SBA Application Number: _____

Filing Deadline Date: _____

1. INFORMATION ABOUT THE APPLICANT(S)

PRIMARY APPLICANT	JOINT APPLICANT
First Name <input style="width: 90%;" type="text"/>	First Name <input style="width: 90%;" type="text"/>
Middle Name <input style="width: 90%;" type="text"/>	Middle Name <input style="width: 90%;" type="text"/>
Last Name <input style="width: 90%;" type="text"/> <input style="width: 5%; border: none;" type="text"/>	Last Name <input style="width: 90%;" type="text"/> <input style="width: 5%; border: none;" type="text"/>
Social Security Number <input style="width: 80%;" type="text"/> (name suffix i.e. Jr., Sr., III)	Social Security Number <input style="width: 80%;" type="text"/> (name suffix i.e. Jr., Sr., III)
Birth Date <input style="width: 60%;" type="text"/>	Birth Date <input style="width: 60%;" type="text"/>
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)	Relationship to Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Other: <input style="width: 80%;" type="text"/>
Family Size <input style="width: 20%;" type="text"/>	Family Size <input style="width: 20%;" type="text"/>
SBA Employee <input type="checkbox"/> YES <input type="checkbox"/> NO Self Employed <input type="checkbox"/> YES <input type="checkbox"/> NO	SBA Employee <input type="checkbox"/> YES <input type="checkbox"/> NO Self Employed <input type="checkbox"/> YES <input type="checkbox"/> NO

2. Applicant(s) Mailing Address

Address	Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address Line 2 <input style="width: 95%;" type="text"/>	Address Line 2 <input style="width: 95%;" type="text"/>
City <input style="width: 25%;" type="text"/> County <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 10%;" type="text"/>	City <input style="width: 25%;" type="text"/> County <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 10%;" type="text"/>

3. Applicant(s) Contact Information

Please use check box to indicate the preferred method of contact	Please use check box to indicate the preferred method of contact
Home Phone <input style="width: 80%;" type="text"/> <input type="checkbox"/>	Home Phone <input style="width: 80%;" type="text"/> <input type="checkbox"/>
Work Phone <input style="width: 80%;" type="text"/> <input type="checkbox"/>	Work Phone <input style="width: 80%;" type="text"/> <input type="checkbox"/>
Cell or Alt. Phone <input style="width: 80%;" type="text"/> <input type="checkbox"/>	Cell or Alt. Phone <input style="width: 80%;" type="text"/> <input type="checkbox"/>
E-mail Address <input style="width: 80%;" type="text"/> <input type="checkbox"/>	E-mail Address <input style="width: 80%;" type="text"/> <input type="checkbox"/>

4. Applicant(s) Closest Relative Not Living With You

Name	Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Phone Number <input style="width: 80%;" type="text"/>	Phone Number <input style="width: 80%;" type="text"/>

5. Applicant(s) Employment

Employer Name and Address, City, State & Zip Code	Employer Name and Address, City, State & Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address <input style="width: 95%;" type="text"/>	Address <input style="width: 95%;" type="text"/>
Address Line 2 <input style="width: 95%;" type="text"/>	Address Line 2 <input style="width: 95%;" type="text"/>
City <input style="width: 25%;" type="text"/> County <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 10%;" type="text"/>	City <input style="width: 25%;" type="text"/> County <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 10%;" type="text"/>
Length of Employment <input style="width: 20%;" type="text"/> Years <input type="checkbox"/> <input style="width: 20%;" type="text"/> Months <input type="checkbox"/>	Length of Employment <input style="width: 20%;" type="text"/> Years <input type="checkbox"/> <input style="width: 20%;" type="text"/> Months <input type="checkbox"/>
Gross Income (before taxes) \$ <input style="width: 30%;" type="text"/> per <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year	Gross Income (before taxes) \$ <input style="width: 30%;" type="text"/> per <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year
Occupation <input style="width: 80%;" type="text"/>	Occupation <input style="width: 80%;" type="text"/>
Other Income - if the income will be used to repay this loan. Examples are regular part-time work, social security, retirement or disability income, interest income, alimony, child support. Source <input style="width: 80%;" type="text"/> \$ <input style="width: 20%;" type="text"/> per <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year	Other Income - if the income will be used to repay this loan. Examples are regular part-time work, social security, retirement or disability income, interest income, alimony, child support. Source <input style="width: 80%;" type="text"/> \$ <input style="width: 20%;" type="text"/> per <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year
Source <input style="width: 80%;" type="text"/> \$ <input style="width: 20%;" type="text"/> per <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year	Source <input style="width: 80%;" type="text"/> \$ <input style="width: 20%;" type="text"/> per <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year

I own 20% or more of a corporation, partnership, limited partnership, or LLC <input type="checkbox"/> YES <input type="checkbox"/> NO	I own 20% or more of a corporation, partnership, limited partnership, or LLC <input type="checkbox"/> YES <input type="checkbox"/> NO
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6. DAMAGED PROPERTY ADDRESS Same as applicant mailing address **Is this your primary residence?** YES NO

Address _____ Own Rent
 City _____ County _____ State _____ Zip Code _____

Damage type: Real Estate Personal Property Auto

7. Insurance Information

NO INSURANCE coverage of any kind (flood or other) was in force for this loss.

Type of insurance coverage in force for this loss: Homeowner's Automobile Renter's Flood Other: _____ (describe)

Type of Coverage	Insurance Company Name	Phone Number	Policy Number	Amount Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Other disaster assistance received or expected from: FEMA \$ _____ State \$ _____

Other Describe: _____ \$ _____

9. Assets **Pre-disaster Value**

Cash & bank accounts NOT including retirement accounts	_____
IRA's Keoghs and other similar retirement accounts	_____
Market value of stocks & bonds & other securities	_____
Estimated resale value of household goods (furnishings & appliances)	_____
Primary residence address: _____	_____
Other real estate owned address: _____	_____
Other real estate owned address: _____	_____
Other real estate owned address: _____	_____
Other: (vehicles, boats, RV, etc.) describe: _____	_____
Other: (vehicles, boats, RV, etc.) describe: _____	_____

10. Debts I have no debts

Mortgage holder's or Landlord's name and address	Mo. Payment or Rent	Present Balance
Name _____	_____	_____
Address _____		
Address Line 2 _____		
City _____ State _____ Zip Code _____		
Second Mortgage holder's name and address (if any)		
Name _____	_____	_____
Address _____		
City _____ State _____ Zip Code _____		

If you own your home and if payment(s) above do NOT include real estate taxes and/or insurance, OR if residence is paid for, please provide (as applicable):

Real Estate Taxes _____	Hazard Insurance _____	Condo/HOA Fees _____
\$ _____ <input type="checkbox"/> Month <input type="checkbox"/> Year	\$ _____ <input type="checkbox"/> Month <input type="checkbox"/> Year	\$ _____ <input type="checkbox"/> Month <input type="checkbox"/> Year

Other debt:

Name of creditor	Type of Debt	Mo. Payment	Balance	How Secured
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Extraordinary Expenses (Required & Continuing) **Examples of Extraordinary Expenses are unusually high and long-term (10 months or longer) e.g. medical costs, child care, child support, alimony, tuition, schools required by medical disability.**

Monthly Payment	Description of expense (please be specific)
_____	_____
_____	_____
_____	_____

12. OTHER INFORMATION	
Note: This information also applies to Joint Applicant, if any. If more space is needed, use back page.	
1 I have never had an SBA loan or an SBA guaranteed loan, except:	SBA office location, and account (loan) number
2 I have never had any other Federal loans or Federally guaranteed loans, except:	Agency name, office location, and account (loan) number
3 I am not delinquent on any Federal taxes, direct or guaranteed loans (FHA, VA, student, etc.), contracts, grants, or any child support payments, except:	Agency name, office location, and account (loan) number
4 I have never been bankrupt, except:	Provide complete details such as dates, parties involved and current status:
5 I have no judgments or lawsuits pending against me, except:	Provide complete details such as dates, parties involved and current status:
6 In the past year, I have not been convicted of a felony during and in connection with a riot or civil disorder or other declared disaster, nor am I engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction, except:	Provide complete details:
7 Regarding you or any joint applicant: a) are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) have you been arrested in the past six months for any criminal offense; c) 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)? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Provide dates and details for any question answered YES on back page.</i> </div>	
8 Is the applicant/joint applicant currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Provide dates and details for any question answered YES on back page.</i> </div>	
9 Is the applicant/joint applicant a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If you are not a U.S. Citizen, please provide complete details on back page.</i>	
10 If my loan is approved, I may be eligible for additional funds to cover the cost of safeguarding my property from similar damages as caused by this disaster. It is not necessary for me to submit the description and cost estimates with the application. SBA approval of these safeguarding measures will be required before any loan increase. By checking this box, I am interested in having SBA consider this increase. <input type="checkbox"/>	
11 I have not paid a representative (attorney, accountant, etc.) to assist me with this application, except:	
Name and address of representative (please print)	Fee charged or agreed upon
If anyone completed this application on my behalf, whether there is any charge or not, that person must sign in this space below:	
Signature of representative	Date signed
12 SBA has my permission to verify my past and present employment information and salary history as needed to process and service my disaster loan; I authorize my insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application.	
13 SBA has my permission, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross, Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my SBA application, evaluating my eligibility for additional disaster assistance, or notifying me of the availability of such assistance.	
14 If my loan is approved, additional information may be required prior to loan closing. I will be advised in writing what documents will be needed to obtain my loan funds.	
15 I have received and read a copy of the "STATEMENTS REQUIRED BY LAWS AND EXECUTIVE ORDERS" which was attached to this application.	
16 CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future. WARNING: Submitting false information to the Government can lead to criminal penalties and/or civil and administrative remedies against you. If you are prosecuted for submitting false information, you may be imprisoned for up to 30 years and/or fined up to \$250,000 under 18 U.S.C. § 1040 and other Federal statutes. The Government may also pursue a civil fraud case against you for three times the amount of your loan, and may exclude you from participating in Federal programs and contracts for submitting false information in-- or with -- your application or if you do not use the proceeds of the loan for the purpose(s) stated in your application and SBA's loan authorization.	
SIGNATURES: Be sure to SIGN and date the application in INK. If there is a JOINT APPLICANT, the joint applicant must also SIGN and date in INK in the space provided.	
Signature of APPLICANT	Date Signed
Signature of JOINT APPLICANT	Date Signed
Please check the "FILING REQUIREMENTS" instructions to see that you have included the necessary supporting documents. Apply online at https://disasterloan.sba.gov/ela/ OR send completed application to: U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, Texas 76155	

13.

ADDITIONAL INFORMATION

Please refer to Section and Title

U.S. Small Business Administration DISASTER HOME LOAN APPLICATION

If you have questions about this application or problems providing the required information, please contact our Customer Service Center at 1-800-659-2955 or disastercustomerservice@sba.gov. If more space is needed for any section of this application, please attach additional sheets.

SBA will contact you by phone or Email to discuss your loan request.

FILING REQUIREMENTS

REQUIRED FOR ALL LOAN APPLICATIONS:

- Complete and sign this application form (SBA Form 5C)
- Complete and sign the Tax Information Authorization (IRS Form 8821/4506-T) enclosed with this application. This income information, obtained from the IRS, will help us determine your repayment ability

WHILE NOT NECESSARY TO ACCEPT YOUR APPLICATION, YOU MAY BE REQUIRED TO SUPPLY THE FOLLOWING INFORMATION TO PROCESS THE APPLICATION. IF REQUESTED, PLEASE PROVIDE WITHIN 7 DAYS OF THE INFORMATION REQUEST:

- If any applicant has changed employment within the past two years, provide a copy of a current (within 1 month of the application date) pay stub for all applicants
- If we need additional income information, you may be asked to provide copies of your Federal income tax returns, including all schedules

IF SBA APPROVES YOUR LOAN, WE MAY REQUIRE THE FOLLOWING ITEMS BEFORE LOAN CLOSING. WE WILL ADVISE YOU, IN WRITING, OF THE DOCUMENTS WE NEED.

- If you own your residence, a COMPLETE legible copy of the deed, including the legal description of the property
- If the damaged property is your primary residence, proof of residency at the damaged address
- If you had damage to a manufactured home, a copy of the title. If you own the lot where the home is located, a COMPLETE legible copy of the deed, including the legal description of the property
- If you have damage to an automobile or other vehicle, proof of ownership (a copy of the registration, title, bill of sale, etc.)

**NOTE: PLEASE READ, DETACH AND KEEP FOR YOUR RECORDS
STATEMENTS REQUIRED BY LAWS AND EXECUTIVE ORDERS**

To comply with legislation passed by the Congress and Executive Orders issued by the President, Federal executive agencies, including the Small Business Administration (SBA), must notify you of certain information. You can find the regulations and policies implementing these laws and Executive Orders in Title 13, Code of Federal Regulations (CFR), Chapter 1, or our Standard Operating Procedures (SOPs). In order to provide the required notices, the following is a brief summary of the various laws and Executive Orders that affect SBA's Disaster Loan Programs.

FREEDOM OF INFORMATION ACT (5 U.S.C. 552)

This law provides, with some exceptions, that we must make records or portions of records contained in our files available to persons requesting them. This generally includes aggregate statistical information on our disaster loan programs and other information such as names of borrowers (and their officers, directors, stockholders or partners), loan amounts at maturity, the collateral pledged, and the general purpose of loans. We do not routinely make available to third parties your proprietary data without first doing pre-notification, as required by Executive Order #12600, or information that would cause competitive harm or constitute a clearly unwarranted invasion of personal privacy.

Send a request under this Act to the SBA office maintaining the records requested and identify it as a Freedom of Information Act (FOIA) request. The request must describe the specific records you want. For information about the FOIA, contact the Chief, FOI/PA Office, 409 3rd Street, SW, Suite 5900, Washington, DC 20416, or by e-mail at foia@sba.gov.

PRIVACY ACT (5 U.S.C. § 552a)

Anyone can request to see or get copies of any personal information that we have in your file. Any personal information in your file that is retrieved by individual identifiers, such as name or social security number is protected by the Privacy Act, which means requests for information about you may be denied unless we have your written permission to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Agreements and Certifications section of this form contains written permission for us to disclose the information resulting from this collection to state, local or private disaster relief services.

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 is that when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use of personal information is to assist in obtaining credit bureau reports, on the Disaster Loan Applicants and guarantors for purposes of originating, servicing, and liquidating Disaster loans. See, 69 F.R. 58598, 58617 (and as amended from time to time) for additional background and other routine uses.

Under the provisions of the Privacy Act, you are not required to provide social security numbers. (But see the information under Debt Collection Act below) We use social security numbers to distinguish between people with a similar or the same name for credit decisions and for debt collection purposes. Failure to provide this number may not affect any right, benefit or privilege to which you are entitled by law, but having the number makes it easier for us to more accurately identify to whom adverse credit information applies and to keep accurate loan records.

Note: Any person concerned with the collection, use and disclosure of information, under the Privacy Act may contact the Chief, FOI/PA Office, 409 3rd Street, SW, Suite 5900, Washington, DC 20416 or by e-mail at foia@sba.gov for information about the Agency's procedures relating to the Privacy Act and the Freedom of Information Act.

DEBT COLLECTION ACT OF 1982; DEFICIT REDUCTION ACT OF 1984; DEBT COLLECTION IMPROVEMENT ACT OF 1996 & other titles (31 U.S.C. 3701 et seq.)

These laws require us to aggressively collect any delinquent loan payments and to require you to give your taxpayer identification number to us when you apply for a loan. If you receive a loan and do not make payments when they become due, we may take one or more of the following actions (this list may not be exhaustive):

- *Report the delinquency to credit reporting bureaus.
- *Offset your income tax refunds or other amounts due to you from the Federal Government.
- *Refer the account to a private collection agency or other agency operating a debt collection center.
- *Suspend or debar you from doing business with the Federal Government.
- *Refer your loan to the Department of Justice.
- *Foreclose on collateral or take other actions permitted in the loan instruments.
- *Garnish wages.
- *Sell the debt.
- *Litigate or foreclose.

RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (12 U.S.C. § 3401 et seq.)

This notifies you, as required by the Right to Financial Privacy Act of 1978 (Act), of our right to access financial records held by financial institutions that were or are doing business with you or your business. This includes financial institutions participating in loans or loan guarantees.

The law provides that we may access your financial records when considering or administering Government loan or loan guaranty assistance to you. We must give a financial institution a certificate of our compliance with the Act when we first request access to your financial records. No other certification is required for later access. Our access rights continue for the term of any approved loan or loan guaranty. We do not have to give you any additional notice of our access rights during the term of the loan or loan guaranty.

We may transfer to another Government authority any financial records included in a loan application or about an approved loan or loan guaranty as necessary to process, service, liquidate, or foreclose a loan or loan guaranty. We will not permit any transfer of your financial records to another Government authority except as required or permitted by law.

CONSUMER CREDIT PROTECTION ACT (15 U.S.C. 1601 et seq.)

This legislation gives an applicant who is refused credit because of adverse information about the applicant's credit, reputation, character or mode of living an opportunity to refute or challenge the accuracy of such reports. Therefore, if we decline your loan in whole or in part because of adverse information in a credit report, you will be given the name and address of the reporting agency so you can seek to have that agency correct its report, if inaccurate. If we decline your loan in whole or in part because of adverse information received from a source other than a credit reporting agency, you will be given information but not the source of the report.

Within 3 days after the consummation of the transaction, any recipient of an SBA loan which is secured in whole or in part by a lien on the recipient's residence or household contents may rescind such a loan in accordance with "Regulation Z" of the Federal Reserve Board.

PLEASE NOTE: The estimated burden for completing this form is 1.25 hours. Your responses to the requested information are required in order to obtain a benefit under our Disaster Home Loan Program. However, you are not required to respond to any collection of information unless it displays a currently valid OMB approval number. If you have questions or comments concerning any aspects of this information collection, please contact the U.S. Small Business Administration Information Branch, 409 3rd Street, SW, Washington, DC 20416 and Desk Officer for SBA, Office of Management and Budget, Office of Information and Regulatory Affairs, 725 17th Street, NW, Washington, DC 20503. (3245-0018) PLEASE DO NOT SEND FORMS TO OMB.

Instructions for Completing the IRS Tax Authorization Form 4506-T

SBA requires you to complete the IRS Form 4506-T as a part of your disaster loan application submission. The form authorizes the IRS to provide federal income tax information directly to SBA.

The IRS Form 4506-T must be completed and submitted with each SBA disaster loan application, even if you are not required to file a federal income tax return.

A separate IRS Form 4506-T must be returned with the SBA disaster loan application for:

- (1) each disaster loan applicant (individuals filing joint returns for the last 3 years may use a single IRS Form 4506-T),
- (2) each corporation or partnership in which the disaster loan applicant has more than a 50% interest,
- (3) each individual or entity which holds a 20% or greater interest in the disaster loan applicant,
- (4) each general partner, and
- (5) each affiliate business.

Where To Send Form 4506-T (Include your full name and your Application Reference # on all correspondence submitted to the SBA.)

<p>Send your completed documents to:</p> <p>Fax: 202-481-1505 or Email: ELA.DOC@SBA.gov</p>	<p>By Mail: U.S. Small Business Administration Processing & Disbursement Center Attn: ELA Mail Department P.O. Box 156119 Fort Worth, TX 76155</p>
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● Fill in section 1-4, 6, 6c, 9, Attestation, Signature, Date and Title

- Enter the name of the individual taxpayer, or business (whichever is applicable) that was used to file the tax return in section 1a. If you file a joint tax return, include the name of the joint filer that was used to file the tax return on line 2a.
- Next, enter the taxpayer identification number, i.e. Social Security number (SSN) in section 1b. If you file a joint tax return, include the SSN for the second filer in section 2b.
- If the authorization is for a business, enter the Employer Identification Number (EIN) in section 1b.
- Enter your current address in section 3. If name is different now than on the transcript being requested, enter the current name as well.
- Enter your previous address in section 4 only if different than the current address in section 3.
- Enter the tax transcript you filed in section 6. If this request is for an individual, enter 1040. If this request is for a business, please enter the business tax return you filed for the year (not quarterly returns). Examples might be 1065, 1120, 990, 1041, etc.
- Check the box for 6c only.
- If the authorization is for an individual, include the 2 most recent years a tax return was filed. If the authorization is for a business, include the most recent 3 years a tax return was filed, including the end of the fiscal year of the business. Format is MM/DD/YYYY for all authorizations.
- **Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a (If you filed a joint tax return, only one filer is required to sign).** 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 and returned to you if the box is unchecked.
- Enter the telephone number of the first, or second filer in the signature area.
- Signer Title: If the authorization is for a business, the signer must be authorized to request the tax transcript. Examples of authorized representatives of a business might be President, Secretary, Treasurer, Vice President, Chief Executive Officer, Chief Financial Officer, Owner, Managing Partner, General Partner, Limited Partner, Partner, Managing Member, or Trustee.

Disaster
Request for Transcript of Tax Return

Form **4506-T** (Rev. September 2015)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-1872

▶ 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-T, visit www.irs.gov/form4506.

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 and click on "Get a Tax Transcript," under "Tools" 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
EXAMPLE	EXAMPLE
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	
U.S. Small Business Administration Office of Disaster Assistance	
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 tax 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 1120-A, 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. Most requests will be processed within 10 business days. <input type="checkbox"/>	
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 10 business days. <input type="checkbox"/>	
c Record of Account , which provides the most detailed information of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days. <input checked="" type="checkbox"/>	
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. <input type="checkbox"/>	
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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business days. <input type="checkbox"/>	
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. / / / / / / / / / / / / / / / /	
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, at least one spouse must sign. 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-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.	
<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	
Signature (see instructions)	Date
EXAMPLE	EXAMPLE
Title (if line 1a above is a corporation, partnership, estate, or trust)	Date
Spouse's signature	Date
For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 37667N Form 4506-T (Rev. 9-2015)	

Disaster

Request for Transcript of Tax Return

Form **4506-T**
(Rev. September 2015)
Department of the Treasury
Internal Revenue Service

- ▶ **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-T, visit www.irs.gov/form4506t.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" 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.

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

U.S. Small Business Administration Office of Disaster Assistance

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 tax 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 1120-A, Form 1120-H, Form 1120-L, 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 10 business 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 10 business 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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.

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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, at least one spouse must sign. 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-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.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Phone number of taxpayer on line 1a or 2a

Sign Here