



SBA 504 LOAN INSTRUCTIONS AND APPLICATION



Dear Prospective Loan Applicant,

Thank you for your interest in our SBA 504 Loan Program and for the opportunity to consider your request for financing.

It's our hope that the program will prove to be of great benefit as you grow and expand your business. We strongly believe that this is perhaps the best financing vehicle available to owners of small and mid-sized businesses who want to own their commercial property and/or expand or renovate existing property.

To assist you in completing the application we have included in the attached forms an application checklist listing all the documents you will need to submit. While we provide several forms for your convenience, there are several additional documents (i.e., financial statements, tax returns, etc.) that you will also need to gather and submit.

Our goal is to make the Loan Application Process quick and efficient so that you can get the assistance you need in a timely manner. Your assistance in completing the application accurately and thoroughly will enable us to give you a response quickly. As you prepare your loan application, should you have any questions about the process, please feel free to contact one of our Loan Officers for assistance. You'll also find a detailed explanation of each step of the Loan application process on our website at www.lonestarscc.org.

Thanks again for your interest in Lone Star and we look forward to hearing from you soon.

Dedicated to Your Continued Success,

Marlon D. Mitchell
President
Lone Star State Capital Corporation



HOW TO COMPLETE THIS APPLICATION

To complete the loan application, you can either type the information directly into the PDF application forms via Adobe Reader or Adobe Acrobat, or you may choose to print the application forms and complete them by hand.

Hand written or type written applications can be scanned and emailed as an attachment, faxed, or mailed along with the other requested items (i.e. financial statements, tax returns, etc.).

For application forms printed in Adobe or Acrobat, You can save the PDF file and send it as an email attachment; print and scan the PDF file and email them; print and fax the PDF file; or print and mail the hard copy. Whichever method you choose to submit the application, please include the additional documents requested to complete your application.

- The completed application and additional documents can be emailed to:

sba504@lonstarscc.org

- You can print the PDF file and fax it (along with the additional documents) to:

(713) 641-3853

- You can also print the PDF file and mail the hard copy (along with the additional documents) to us at:

**Lone Star State Capital Corporation
5330 Griggs Rd.
Houston, TX 77021**

Should you have any questions or require any assistance at all in completing the application, please feel free to contact us at 713-845-2408.



LOAN APPLICATION CHECKLIST

In order to complete our analysis of your loan request and structure a financing package that meets your company's needs we need to review the information outlined below. Please note that all items must contain an original signature and date. If you have any questions about the forms or require assistance in completing them, please contact your Business Development officer.

I. LOAN APPLICATION

- 1. HBDI Application (enclosed), including the **Business Profile** and **Management Profile**. The Management Profile must be completed by each partner holding 20% or more Common Stock and/or Key management personnel.

II. BUSINESS FINANCIAL EXHIBITS

- 1. **Fiscal year-end Business Financial Statements** for three (3) prior years
- 2. **Business Federal Tax Returns** for three (3) prior years, including all supporting schedules and statements*
- 3. **Interim Business Financial Statements** (year to date), current within 60 days of application date
- 4. **Business Debt Schedule** (forms attached)
- 5. **Account Receivable and Accounts Payable Aging Reports** (corresponding to dates of interim financial statements)
- 6. **Month to Month Projections** for new or expanding businesses: provide minimum of one (1) year projections by month, plus assumptions (forms attached)
- 7. **Business Plan** (for new businesses or as requested)

III. PERSONAL FINANCIAL EXHIBITS

- 1. **Personal Financial Statement** for all partners, owners with 20% or more ownership interest and/or key managers or guarantors (SBA Form 413 is enclosed)
- 2. **Personal Budget Analysis** (form is enclosed)
- 3. **Personal Federal Tax Returns** for three (3) prior years, including all supporting schedules and statements*
- 4. **Statement of Personal History** (SBA Form 912 is an attached file).

IV. MISCELLANEOUS AS APPLICABLE

- 1. Executed or Certified Copy of **Buy/Sell Agreement**
- 2. Copy of **Real Estate Purchase Agreement** or **letter of Interest**.
- 3. Description of Collateral
- 4. Articles of Incorporation, Partnership Agreement, bylaws, etc
- 5. IRS Form 4506-T (form attached)
- 6. Other: _____

V. AUTHORIZATION

- 1. Lone Star authorization to Release information (form attached)



504 Loan Application 5330 Griggs Rd., Houston, Texas 77021 Office - (713) 845-2408 Fax – (713) 641-3853 www.lonestarscc.org

Company Name:		Tax I.D #:	
Address:	City:	State:	Zip code:
Principal in Charge:	Work phone:	Work fax:	Email:
Secondary contact person:	Work phone:	Work fax:	Email:
Cell phone (Primary):	Cell Phone (Secondary):	Website:	
Nature of business:		Date established:	

Type of business (check one): Proprietorship Corporation S Corporation Partnership LLC Other

Name of Owner:	Title:	% of ownership:
Name of Owner:	Title:	% of ownership:
Name of Owner:	Title:	% of ownership:
Name of Owner:	Title:	% of ownership:

Number of current full time employees: _____ Projected new employees within 2 years as a result of this loan: _____

BORROWING ENTITY INFORMATION (If Different from Operating Company)

Please complete the information below only if you have or will be creating a Passive real estate holding company or some other entity (other than an active business) that will hold title to the real estate you are purchasing, improving or constructing.

Name: _____ Date Established: _____ Tax ID #: _____

Address: _____ City: _____ State: _____ Zip code: _____

Type of business (check one): Proprietorship Corporation S Corporation Partnership LLC Other

Name of Owner:	Title:	% of ownership:
Name of Owner:	Title:	% of ownership:
Name of Owner:	Title:	% of ownership:
Name of Owner:	Title:	% of ownership:

AFFILIATE BUSINESSES (List any business owned by a principal who has 20% or more ownership in the operating company)

Name of business:	Owner:	% of ownership:
Name of business:	Owner:	% of ownership:
Name of business:	Owner:	% of ownership:

REFERENCES

Bank name:	Account officer:	Phone:	Account #:
Bank name:	Account officer:	Phone:	Account #
Accountant:	Firm name:	Phone:	
Trade References	Contact Persons	phone	

PROJECT INFORMATION

Address of project: _____

City: _____ State: _____ Zip code: _____ County: _____

Escrow Closing Date: _____ Realtor's Name: _____ Phone: _____

What is the size of this building (square feet)? _____ What percentage of the business will your business occupy? _____

Are there any existing tenants that will remain in the building? **Yes** **NO**

Do you intend to lease out any space? **Yes** **NO** If you answered yes to either of the previous two questions, complete the information below.

Tenant Name	Square Footage	Lease Expiration	Rent Amount

TOTAL PROJECT COSTS

PURCHASE OF EXISTING BUILDING OR EQUIPMENT		CONSTRUCTION PROJECT	
LAND / BUILDING ACQUISITION:	\$ _____	LAND ACQUISITION	\$ _____
RENOVATIONS/TENANT IMPROVEMENTS	\$ _____	CONSTRUCTION COSTS	\$ _____
MACHINERY & EQUIPMENT	\$ _____	ARCHITECTS, PERMITS, & OTHER SOFT COST	\$ _____
PROFESSIONAL FEES	\$ _____	MACHINERY & EQUIPMENT	\$ _____
OTHER	\$ _____	OTHER	\$ _____
TOTAL	\$ _____	TOTAL COSTS	\$ _____

CERTIFICATIONS AND REPRESENTATIONS

Are there liens or judgments outstanding against the business or the principals? **YES** **NO** If yes, please provide details on a separate sheet.

Are there lawsuits pending against the business or the principals? **YES** **NO** If yes, please provide details on a separate sheet.

Has the business or the principals ever filed bankruptcy? **YES** **NO** If yes, please provide details on a separate sheet.

Do you or any affiliates have any current or previous SBA or Government debt? **YES** **NO** If yes, please provide a copy of the SBA Loan Authorization and the following details:

Original Amount: \$ _____ Date of Loan: _____ Current Balance: \$ _____ Status of Loan: _____

I/WE THE UNDERSIGNED APPLICANT OR REPRESENTATIVE(S) OF APPLICANT, CERTIFY THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE FURTHER AUTHORIZE LONE STAR STATE CAPITAL CORPORATION (LSSCC) TO MAKE A COMPLETE CREDIT INVESTIGATION, INCLUDING BUT NOT LIMITED TO, OBTAINING CREDIT REPORTS AND REFERENCES.

AUTHORIZED SIGNATURE **DATE** **AUTHORIZED SIGNATURE** **DATE**

For LSSCC Internal Use Only:

Date Recd:	Loan Officer:	Date Approved:	Date Declined:
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BUSINESS PROFILE

Please answer the questions below or provide the information on a separate attachment.

1. Describe the history of your business. Include the year founded, by whom, products or services provided, and location.

2. Who are your major customers?

NAME	CITY/STATE OR COUNTRY	PERCENT (%) SALES
<hr/>	<hr/>	0.00%
<hr/>	<hr/>	0.00%
<hr/>	<hr/>	0.00%
<hr/>	<hr/>	0.00%

3. Who are your major suppliers?

NAME	CITY/STATE OR COUNTRY	PRODUCT PURCHASED
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

4. Who are your major competitors?

NAME	CITY/STATE OR COUNTRY	COMPETING PRODUCT
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

5. How will the loan change or aid the growth of your business?

6. Application Preparation. List the name and occupation of anyone who assisted in the preparation of this form.

Name: _____ Occupation: _____ Fee Paid: \$ _____

By signing below, you certify the information you've given with this Application is true and complete. You authorize us to verify your statements with any source and obtain credit and employment history (including your spouse's if you live in a community property state.)

Date: _____ Signature: _____

Title: _____ Name (Printed): _____



MANAGEMENT PROFILE

A management profile must be completed by the proprietor, each partner, and each holder of 20% or more of common stock and/or key management. You may attach your education and employment history separately if preferred.

Name _____

Date of Birth _____ Place of Birth _____

Are you a US Citizen Yes No (If NO, give Alien Registration No. _____ and Copy of Green Card)

Are you a veteran? Yes No

Current Residence

Address _____

City _____ State/Zip _____

County _____ From _____ To _____

Immediate Past Residence

Address _____

City _____ State/Zip _____

County _____ From _____ To _____

Education

Institution (s) _____

Dates attended _____ Degree(s) _____

Employment History for Prior 10 Years

Employer _____ Location _____

Position _____ From _____ To _____

Responsibilities _____

Employer _____ Location _____

Position _____ From _____ To _____

Responsibilities _____

Additional Information

1. Are you presently under indictment, on parole or on probation? YES NO
2. Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation? YES NO
3. Have you ever been convicted of any criminal offense other than a minor motor vehicle violation? YES NO

If "YES" is answered for any of the questions, please provide the details on additional pages.

Date: _____ Signature: _____



BUSINESS DEBT SCHEDULE

Furnish the following information on all installments debts, contracts, notes, and mortgage payable. Indicate by asterisk () items to be paid by loan proceeds and reason for paying same. Present balances should agree with latest balance sheet submitted. Do not include accounts payables or accrued liabilities.*

BUSINESS NAME _____ **Date** _____ **Signature** _____

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



MONTH-TO-MONTH PROJECTIONS

Please submit month-to-month projections covering any interim period through year-end, plus projections for two fiscal years. You may use this form and/or your own statement. Attach assumptions that the projections were based upon on a separate sheet.

BUSINESS NAME _____ **DATE** _____ **PERIOD COVERING** _____

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	Total
Total Net Sales													
Cost of Goods Sold													
Gross Profit													
VARIABLE EXPENSES													
Salaries/Wages													
Payroll Taxes													
Legal/Accounting													
Advertising													
Automobile													
Office Supplies													
Dues/Subscriptions													
Telephone													
Utilities													
Miscellaneous													
Total Variable Expense													
FIXED EXPENSES													
Rent													
Licenses/Permits													
Taxes													
Interest													
Other Expenses													
Total Fixed Expenses													
TOTAL EXPENSES													
Profit(Loss) before Tax													
Income Tax													
NET PROFIT													



ASSUMPTIONS (Month-Month Projections)

Please answer the questions below or provide the information on a separate attachment.

1. How will you achieve sales?

2. Who/What is your market going to be?

3. What are you major expenses and how will you control them?

4. Other:

Date _____

Signature _____

Title _____

Name (Printed) _____



PERSONAL BUDGET ANALYSIS

Please provide the following information regarding sources and uses of cash during the calendar year and your projections for the current year. If a cash flow deficit exists, explain how the existing or requested debt will be serviced.

Name _____ **Individual Statement** **Joint Statement**

	PRIOR YEAR	CURRENT YEAR
ANNUAL SOURCES OF CASH		
1. Salaries, commissions, bonus, or any other income from employment (net)	\$ _____	\$ _____
2. Rents received	\$ _____	\$ _____
3. Dividends	\$ _____	\$ _____
4. Interest Income	\$ _____	\$ _____
5. Sales of assets	\$ _____	\$ _____
6. Royalties	\$ _____	\$ _____
7. Distributions from estates & taxes	\$ _____	\$ _____
8. Cash distributions from business partnerships or joint ventures	\$ _____	\$ _____
9. Income tax refund	\$ _____	\$ _____
10. Other sources of cash	\$ _____	\$ _____
TOTAL CASH RECEIVED	\$ _____	\$ _____
ANNUAL USE OF CASH		
1. Personal expenses (utilities, rent, household, etc.)	\$ _____	\$ _____
2. Bank loans-principal and interest	\$ _____	\$ _____
3. Other loans-principal and interest	\$ _____	\$ _____
4. Insurance payments	\$ _____	\$ _____
5. Income taxes not covered by withholding	\$ _____	\$ _____
6. Other uses of cash	\$ _____	\$ _____
TOTAL CASH USED	\$ _____	\$ _____
CASH FLOW SURPLUS (DEFICIT)	\$ _____	\$ _____

Signature _____

Date _____

Request for Transcript of Tax Return

(Rev. January 2011)

OMB No. 1545-1872

Department of the Treasury
Internal Revenue Service

► **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 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.

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. The IRS has no control over what the third party does with the tax information.

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

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

- a** **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
 - b** **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
 - c** **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7** **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
- 8** **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

<p>Sign Here</p> <p>► Signature (see instructions)</p> <p>► Title (if line 1a above is a corporation, partnership, estate, or trust)</p> <p>► Spouse's signature</p>	<p>Telephone number of taxpayer on line 1a or 2a</p>	<p>_____</p>
	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can quickly request transcripts by using our automated self help-service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:

Mail or fax to the "Internal Revenue Service" at:

Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
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Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
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Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
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Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102
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Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to the "Internal Revenue Service" at:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
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Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
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Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

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

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

Privacy Act and Paperwork Reduction Act

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

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

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

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to HBDI all information that they may require for the purpose of a credit transaction. I/We further authorize HBDI to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

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

NAME _____ SIGNATURE _____

ADDRESS _____

CITY _____ STATE/ZIP _____

DATE _____ SOCIAL SECURITY NO _____

NAME _____ SIGNATURE _____

ADDRESS _____

CITY _____ STATE/ZIP _____

DATE _____ SOCIAL SECURITY NO _____

NAME _____ SIGNATURE _____

ADDRESS _____

CITY _____ STATE/ZIP _____

DATE _____ SOCIAL SECURITY NO _____

NAME _____ SIGNATURE _____

ADDRESS _____

CITY _____ STATE/ZIP _____

DATE _____ SOCIAL SECURITY NO _____