



**WBS FINANCIAL
CORPORATION**

Our Business is Committed to Growing Yours...

Mergers & Acquisitions Investment Banking Services

BUSINESS FINANCE APPLICATION PACKAGE

Corporate:

15851 Dallas Parkway, Suite 600

Addison, TX 75001

Corporate: 972-308-8545

Corporate Fax: 972-308-8546

Business Finance Department:

13237 Montfort Drive, #535

Dallas, TX 75240

Finance Department: 214-234-9861

Business Fax: 214-234-9918

Toll-Free: 1-888-368-4911 | Email: finance@wbscorps.com | Website: www.wbscorps.com



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Contact Information:

WBS Corps Finance Department

Email: finance@wbscorps.com

Corporate: 972-308-8545

Corporate Fax: 972-308-8546

Toll-Free: 1-888-368-4911, Ext. 506

Dear Applicant:

Thank you for considering WBS for your business finance needs. Attached is a copy of our loan application. Please complete the application to the best of your ability; any responses that you may be unsure of may be left blank at this time and will be further discussed upon the examination consultation.

Any principals within your company who have a greater than 20% equity position should complete separate copies of the application. Please note that if you have a current Personal Financial Statement available, you may use this in lieu of the attached Personal Financial Statement.

Upon completion, all documents can be faxed to 214-234-9918, **ATTN: Business Finance Department**. If mailing, please send to:

**WBS Financial Corporation
Business Finance Department
13237 Montfort Drive, #535
Dallas, TX 75240**

If you have any questions or concerns, do contact us toll-free at 1-888-368-4911, Extension #506 or 214-234-9861.

Best Regards,

Business Finance Department



Date Received: _____

Section I: About Your Business

Legal Name and / or Business Name: Requested Loan Amount:
Street Address: City: State: Zip:
Mailing Address (if different from above): City: State: Zip:
Tax ID No#: Telephone #: Fax#: Email:
Has your business applied for a business Loan in the past 30 days? ___ Yes ___ No Optional: Where and Status of Loan?
Description of Business:
Legal Description: [] Sole Proprietor [] Partnership [] LLC [] LLP [] C Corp [] S Corp [] Non-Profit [] DBA
County / State: [] Other: Please Describe:
Date Business Started: Number of Employee(s): How long has current ownership been in place? ___ Years ___ Months
Year End Sales: Total Business Debt: Business Location: [] Leased [] Owned Monthly Rent: _____

Section II: Loan Request

[] Line of Credit [] Term Loan [] Interim Construction [] Refinance [] Refinance-Cash Out [] Acquisition Purchase [] Bridge Financing
Desired Term of Loan: How will you / Business Qualify the loan: [] Full Doc [] Stated Income [] No Doc
What is the purpose of the Loan? *Equipment, Lease Equipment, Real Estate, Working Capital, Inventory, Other:
Collateral Available? Industry Category: Estimated Value:

Section III: Business Bank Account(s)

Business Bank Name: Other Business Bank Name:
Acct Established (MM/YY): Average Checking Balance: Acct Established (MM/YY): Average Checking Balance:
Credit Line Available: Certificate of Deposits: Credit Line Available: Certificate of Deposits:

Section IV: Guarantor Information(s)

Name: Ownership Percent: Name: Ownership Percent:
Home Address: Home Address:
City: State: Zip [] Own [] Rent City: State: Zip [] Own [] Rent
How long at Current Address? Home Phone Number: How long at Current Address? Home Phone Number:
SSN#: Date of Birth: SSN#: Date of Birth:
Gross Monthly Salary: \$ Monthly House Payment: \$ Gross Monthly Salary: \$ Monthly House Payment: \$
[] Employed [] Self-Employed Employer: [] Employed [] Self-Employed Employer:
Position / Title: Length of Employment: Position / Title: Length of Employment:

Section V: Declarations (If "Yes" to any, please attach a separate sheet providing details)

1. Is the business currently involved in any litigation or other legal claims? [] YES [] NO
2. Has the business or any principal ever-declared bankruptcy? [] YES [] NO
3. Are any taxes currently past due by the business or any principal? (FICA or Sales Taxes) [] YES [] NO
4. Is the company liable on any debts not shown above? [] YES [] NO
5. Is the firm or principal contingently liable as guarantor or endorser? [] YES [] NO

The signer(s) certifies that the information on this application is given to WBS for the purpose of obtaining a loan through an approved lending institution. We represent and warrant that the information set forth herein is accurate and complete in all respects. We acknowledge that the correspondent and / or lender that receive this and any application is relying on statements in this application and that the statements will be incorporated by reference into any agreement we may enter into with lender. We also realize that failure to completely and accurately disclose information requested would constitute a breach of any agreement that we may enter into with the lender of this application. The signer(s) authorized WBS Financial Corporation to verify the information and to obtain personal, consumer, and / or business credit reports and to share information with others as allowed/required by law. The Signer(s) further agrees to provide additional information upon request and to notify WBS Financial Corporation promptly of any material change in the information provided in this application.

Signature of Guarantor: _____ Title: _____ Date: _____

Signature of Guarantor: _____ Title: _____ Date: _____



Our Business is Committed to Growing Yours...

Business Financial Analysis & Questionnaire

Please complete the following questionnaire as it relates to the Business and financial requirements of the Company. *(Please attach any additional information and / or supporting documents that may be helpful as an attachment to this Questionnaire).*

Name of Company/Business:			
Company Location / Address:		City:	State:
Primary Contact:		Office No#:	Fax No#:
Best Contact No#:	Mobile #:	Email:	
Alternative Contact:		Contact No#:	
Business Start Date: __/__/__	Primary Use of Financing: <input type="checkbox"/> Acquisition Cost <input type="checkbox"/> Debt Restructure <input type="checkbox"/> Business Expansion		
Finance Request: \$ _____	<input type="checkbox"/> Other: Describe: _____		
Timeframe:	Rate the business need for Capital / Financing: <input type="checkbox"/> Urgent <input type="checkbox"/> Important <input type="checkbox"/> Intermediate <input type="checkbox"/> Low		
Legal Description:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Non-Profit		
Filing State(s): _____	<input type="checkbox"/> Other: Please Describe: _____		
Number of Owners/Shareholders which have greater than 15% equity:			
Does the company have a business plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the company have historical / financial pro forma(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the service(s) and/or product(s) your business provides:			
What market(s) does your business primarily service?			
What do you estimate your Company's gross revenues will be in:		Year 1: \$ _____	
Are there any Letters of Interest / Contracts in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year 2: \$ _____	
		Year 3: \$ _____	
List three advantages that you offer as a business/service provider over your competitors:			
1. _____			
2. _____			
3. _____			
What is the estimated outstanding Business/Company debt?		Mortgages: \$ _____	Business Loans: \$ _____
		Equipment: \$ _____	Other: \$ _____
<i>(Please provide brief description of other debt):</i>			
Do any Owner(s)/Shareholder(s) have personal debt on behalf of the Company/Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the total estimated Business Debt / Promissory Notes due to the Owner(s)/Shareholder(s)?			
What do you estimate your monthly operational cost to be?			
Does the Business/Company currently own the real estate of the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, would you consider purchasing commercial real estate on behalf of the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are leasing, what is your monthly lease rate? _____			
How would you rate the Business Credit of the Company?		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> No-Credit	
How would you describe the Overall Personal Credit of the Guarantors?		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> No-Credit	
Describe any major concerns:			
Number of employees in your Business/Company?		Will additional jobs be created after your funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the business currently have in place?			
(a) General Liability Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer: _____	
(b) Hazard Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer: _____	
(c) Health Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer: _____	
(d) Other: Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer: _____	
1. Have all majority owners filed their last three years personal tax returns*?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Has the last three years of business tax returns (if applicable)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are up-to-date Business Financial Statements available? (i.e. Operating Statement, P&L and Balance Sheet)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have any majority owners, with a greater than 20% equity ownership ever filed bankruptcy*?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are any owner's currently involved in or a party of a lawsuit*?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Is the business currently involved in or a party of a lawsuit?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are currently seeking financing elsewhere*?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Please provide any explanation as an attachment to this questionnaire			

Authorized Signor: _____ Date: _____



Authorization to Represent

I / We hereby authorize WBS Financial Corporation to represent and present the party(s) listed below financial request to any of its approved financial institutions, corresponding banks and / or investors which may be required to verify any business and personal credit reporting(s), business relationships, assets and references for the purpose of structuring a finance request. WBS Financial Corporation and / or any approved financial institution, corresponding bank or investor are only authorized to contact and verify these resources or reports ONLY for the purpose of this request. It is understood that a copy of this form will also serve as authorization.

Name: _____

Address: _____

Social Security Number: ____ - ____ - _____

Signature **Date:** _____

Complete this Section if this is a Joint Request, which includes a Spouse

Joint Account Name: _____

Address: _____

Social Security Number: ____ - ____ - _____

Signature **Date:** _____

Business Authorized Signor

Business / Company Name: _____

Address: _____

Tax Identification Number: ____ - ____ - _____

Authorized Signature **Date:** _____

PERSONAL FINANCIAL STATEMENT

As of _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	\$	Account Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$
IRA or Other Retirement Account	\$	Installment Account (Auto) Mo. Payments \$_____	\$
Accounts & Notes Receivable	\$	Installment Account (Other) Mo. Payments \$_____	\$
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$	Loan on Life Insurance	\$
Stocks and Bonds (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in Section 4)	\$
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobile – Present Value	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property (Describe in Section 5)	\$	Total Liabilities	\$
Other Assets (Describe in Section 5)	\$	Net Worth	\$
Total . . .	\$	Total	\$

Section 1. Source of Income	Contingent Liabilities
Salary	\$
Net Investment Income	\$
Real Estate Income	\$
Other Income (Describe below)*	\$
	\$

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 Bank and Others.
(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Name and Address of Note holder(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 attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
	Property A	Property B	Property C		
Type of Property					
Address					
Date Purchased					
Original Cost	\$	\$	\$		
Present Market Value	\$	\$	\$		
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance	\$	\$	\$		
Amount of Payment per Month/Year	\$ /	\$ /	\$ /		
Status of Mortgage					
Section 5. Other Personal Property and Other Assets			(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).		
Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).					
Section 7. Other Liabilities (Describe in detail).					
Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).					
I authorize WBS Financial or any corresponding Lender obtained by WBS to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I Certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). I understand that these statements are made for the purpose of either obtaining a loan or guaranteeing a loan.					
Signature:			Date:	Social Security Number:	
Signature:			Date:	Social Security Number:	

MANAGEMENT RESUME

Please fill in all spaces. If an item is not applicable, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN/DATE where indicated.

PERSONAL INFORMATION:

NAME _____ SS# _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

RESIDENCE TELEPHONE _____ BUSINESS TELEPHONE _____

RESIDENCE ADDRESS _____

FROM _____ TO PRESENT DATE _____

PREVIOUS ADDRESS _____

FROM _____ TO _____

SPOUSE'S NAME _____ SS# _____

ARE YOU EMPLOYED BY THE U.S. GOVERNMENT? Yes No AGENCY/POSITION _____

ARE YOU A U.S. CITIZEN? Yes No IF NO, GIVE ALIEN REGISTRATION NUMBER _____

EDUCATION:

High School/College/Technical -Name/Location	Dates Attended	Major	Degree/Certificate
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE BACKGROUND:

Branch of Service _____ Dates of Service _____

WORK EXPERIENCE: List chronologically beginning with present employment.

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Signature

Date

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 also call 1-800-829-1040 to order a transcript. 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 or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

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*.

Telephone number of taxpayer on line 1a or 2a

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

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 call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

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, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, 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
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

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, Tennessee, 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
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, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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, and the District of Columbia 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.