



Business Information (Applicant/Borrower)

Business Legal Name _____

Doing Business as (DBA) Name, if any: _____

Primary Contact: _____

Street Address (no P.O. Boxes): _____ Own Rent

City: _____

State: _____

Zip Code: _____

Mailing Address (if different): _____

City: _____

State: _____

Zip Code: _____

Tax I.D. #: _____

Telephone #: _____

Email Address: _____

- C Corporation S Corporation Limited Liability Company (LLC) Business Individual Non-Profit
 Sole Proprietor Limited Partnership General Partnership LLP Other _____

Date Business Established: Month _____ Year _____ State of Incorporation: _____ Number of Employees After Financing: _____

Explain Nature of Business: _____

Gross Annual Revenue(\$): _____

- Manufacturing Wholesale Retail Service Agricultural Construction Other _____

List any Affiliated Companies: _____

Purpose

- Select all that apply:* General or Capital Expenditures Business Improvements Purchase an Existing Business Purchase Price: \$ _____
 Startup Refinance or Debt Consolidation Purchase of Real Estate Down Payment: \$ _____
 Working Capital (specify use): _____ Purchase Vehicle (please describe): _____
 Other _____ Purchase Price: \$ _____

- Purchase Equipment (please describe): _____
 Purchase Price: \$ _____

- Modification to an existing Peapack Private Bank & Trust loan (excluding interest rate & fee changes) Existing Peapack Private loan #: _____
 Change Requested (please describe): _____

Product

- New Increase

- | Product | Amount Requested |
|---|------------------|
| <input type="checkbox"/> Commercial Real Estate Mortgage | \$ _____ |
| <input type="checkbox"/> Term Loan Term (up to 7 yrs) _____ years | \$ _____ |

- | Product | Amount Requested |
|---|------------------|
| <input type="checkbox"/> Small Business Line of Credit* | \$ _____ |
| <input type="checkbox"/> Commercial Line of Credit* | \$ _____ |
| <input type="checkbox"/> Letter of Credit** | \$ _____ |

Management/Ownership:

Individuals with greater than 20% ownership are required to guaranty and submit financial information.

Name	Title	Ownership %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheet if necessary

*Small business lines of credit available for maturities of up to 5 years. Minimum monthly payments equal to 1/84 of the average monthly principal balance plus interest. Minimum amount \$25,000. Commercial Lines of credit available for up to one year, interest only payments. Minimum amount \$200,000. **Separate Letter of Credit Application required.

Guarantor / Co-applicant Information

Check the appropriate box that describes your relationship to the loan application.

Name: _____ Tax ID No.: _____

Street Address: _____

Additional Information: Home #: _____ Work #: _____ Ext# _____

Cell #: _____ E-Mail: _____

Date of Birth: _____ Relationship: Co-applicant Guarantor

Name: _____ Tax ID No.: _____

Street Address: _____

Mailing Address: _____

Additional Information: Home #: _____ Work #: _____ Ext# _____

Cell #: _____ E-Mail: _____

Date of Birth: _____ Relationship: Co-applicant Guarantor

Name: _____ Tax ID No.: _____

Street Address: _____

Mailing Address: _____

Additional Information: Home #: _____ Work #: _____ Ext# _____

Cell #: _____ E-Mail: _____

Date of Birth: _____ Relationship: Co-applicant Guarantor

If checked, additional Guarantors/Co-applicants information is attached to this application

Business Loan and Deposit Relationship

Include all business loans & business deposit relationships (including existing accounts with Peapack Private Bank & Trust). Do not include rent on office space or other facilities. (Attach additional sheets if necessary.) *Please indicate in the first column below which business obligations are being refinanced with this application and which business deposits will be coming to Peapack Private Bank & Trust with this loan.

Business Loan

Business Deposit Relationships

*	Creditor	Loan Type	Current Balance	Monthly Payment	Collateral
			\$ _____	\$ _____	
			\$ _____	\$ _____	
			\$ _____	\$ _____	
			\$ _____	\$ _____	

*	Deposit Type	Bank Name	Current Balance
	<input type="checkbox"/> CHK <input type="checkbox"/> SAV		\$ _____
	<input type="checkbox"/> CHK <input type="checkbox"/> SAV		\$ _____
	<input type="checkbox"/> CHK <input type="checkbox"/> SAV		\$ _____
	<input type="checkbox"/> CHK <input type="checkbox"/> SAV		\$ _____

Collateral

CHECK ONLY the following collateral that is being offered to secure your Small Business loan request(s). Current Value, Lien(s), description and owner name(s) are required for all pledged collateral.

Collateral	Current Value	Current Lien(s)	Describe Collateral (If real estate also provide address)	Owner Name(s)
Peapack Private Bank & Trust <input type="checkbox"/> CD <input type="checkbox"/> Savings	\$ _____			
Marketable Securities	\$ _____			
Equipment <input type="checkbox"/> New <input type="checkbox"/> Used	\$ _____			
Vehicle <input type="checkbox"/> New <input type="checkbox"/> Used	\$ _____			
Accounts Receivable	\$ _____			
Inventory	\$ _____			
Owner Occupied Real Estate <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	\$ _____			
Investment Real Estate <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other	\$ _____			

Declarations

The following questions are required to process your Community Banking Business loan request.

Please provide details on an additional page to any question with a YES response.

Yes No 1. Is the applicant party to any lawsuit or subject to outstanding judgments?

Yes No 2. Is the applicant party to taxes or credit obligations past due?

Amount: \$ _____ Payable to: _____

Yes No 3. Has the applicant ever filed personal bankruptcy or served as an officer in a company that declared bankruptcy?

Yes No 4. Is the applicant presently under indictment or probation or parole, or ever been charged or convicted for any criminal offense other than a minor motor vehicle violation?

Yes No 5. Is the applicant a political party, a campaign, a candidate, a public official or foreign political official or an immediate family member of such an official, or a business entity formed by or for the benefit of any public official?

6a. Through what date are the applicant's tax returns filed? _____

Yes No 6b. Are any returns being contested or audited? If so, explain _____

7. Name of a. Accountant _____ b. Attorney _____

8. Name and title of person(s) authorized to borrow money on behalf of the applicant _____

9. If this loan is secured by residential real estate, will the unit be your Primary or Secondary residence?

10. We intend to apply for joint credit: _____
Applicant Name: (Please print name) Applicant Signature

Co-Applicant Name: (Please print name) Co-Applicant Signature

Guarantor: (Please print name) Guarantor Signature

Guarantor: (Please print name) Guarantor Signature

Guarantor: (Please print name) Guarantor Signature

Guarantor: (Please print name) Guarantor Signature

Guarantor: (Please print name) Guarantor Signature

Notices

Important Information About Procedures for Opening a New Account. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ECOA NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract); because all or a part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is:

**Federal Reserve Consumer Help Center
PO Box 1200, Minneapolis, MN 55480**

If your gross annual revenue in the previous fiscal year was \$1,000,000.00 or less and your application is denied, you have the right to receive a written statement of the specific reasons for this denial. To obtain the statement, please contact:

**Peapack Private Bank & Trust
Attention: Commercial Loan Department
P.O. Box 700
Bedminster, NJ 07921
(908) 234-0700**

within 60 days from the date that you were notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request. The notice below describes additional protections extended to you.

Appraisal Notice - Applicable when the collateral securing the loan is a first lien on a 1-4 family residence: We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

NOTICE REGARDING USA PATRIOT ACT: Peapack Private Bank & Trust complies with Section 326 of the USA Patriot Act. This law mandates that we obtain and verify certain information about you, including your name, legal address, date of birth and social security or tax identification number, while processing your account application.

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledges that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary, either directly or through any agency employed by Lender for that purpose, to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) is aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. & 1014, and may result in a fine or imprisonment or both.

By signing below, each Applicant declares that he/she has read and understands the Notice Section above and, if applicable, has received the ECOA notification regarding denied credit and appraisal notice.

(Signature and Title) By:

(Individual/Guarantor)

(Signature and Title) By:

(Individual/Guarantor)

(Signature and Title) By:

(Individual/Guarantor)

For Bank Use Only

Date application received: _____ In Person Telephone Mail
 Bank Employee (print): _____ Retail Location: _____

Customer Information Verified by: _____
 Comments: _____

HMDA Reportable

Credit Application Checklist (Bank Use Only)

Bank Employee Initials	Required Documentation	Reason for Omission
—	Community Banking Loan Application – Completed, signed & dated.	
—	Attached sheet providing details to Declaration questions answered YES on page 3.	
—	Copy of Purchase & Sales Agreement/Bill of Sale, if applicable.	
—	For investment real estate transactions, a schedule of all property owned showing year purchased, purchase price, outstanding loans & payments, and gross rents & expenses.	
—	For all applicants, except non-profits, a Personal Financial Statement must be completed.	
Bank Employee Initials	Required Financial Documentation	Reasons for Omission
—	Three (3) years of current business federal tax returns (complete with all schedules) or Accountant prepared Financial Statement for the borrower and all entity guarantor(s).	
—	Two (2) years of personal federal tax returns - Complete with all schedules for each personal guarantor.	
—	Interim YTD business financial statement (balance sheet & income statement) if the application date is more than six (6) months beyond fiscal year end.	
—	Accounts Receivable aging report if loan is for working capital purposes or secured by accounts receivable.	

Notices (Applicant Copy)

Important Information About Procedures for Opening a New Account. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ECOA NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract); because all or a part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is:

**Federal Reserve Consumer Help Center
PO Box 1200, Minneapolis, MN 55480**

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PEAPACK PRIVATE BANK & TRUST
PERSONAL FINANCIAL STATEMENT AS OF _____

Date

PERSONAL INFORMATION							
APPLICANT (NAME)				CO-APPLICANT (NAME)			
Employer				Employer			
Address of Employer				Address of Employer			
Business Phone No.	No. of Years with Employer	Title/Position		Business Phone No.	No. of Years with Employer	Title/Position	
Name of previous employer & position (if with current employer less than 3 yrs.)			No. of Yrs.	Name of previous employer & position (if with current employer less than 3 yrs.)			No. of Yrs.
Home Address				Home Address			
Home Phone No.	Social Security No.		Date of Birth	Home Phone No.	Social Security No.		Date of Birth
Name, Phone No. of your Accountant			Ext	Name, Phone No. of your Accountant			Ext
Name, Phone No. of your Attorney			Ext	Name, Phone No. of your Attorney			Ext
Name, Phone No. of your Investment Advisor/Broker			Ext	Name, Phone No. of your Investment Advisor/Broker			Ext
Name, Phone No. of your insurance Advisor			Ext	Name, Phone No. of your Insurance Advisor			Ext

Cash Income & Expenditures Statement For Year Ended _____

ANNUAL INCOME	ANNUAL EXPENDITURES
Salary (applicant) \$	Federal Income and Other Taxes \$
Salary (co-applicant)	State Income and Other Taxes
Bonuses & Commissions (applicant)	Rental Payments, Co-op, or Condo Maintenance
Bonuses & Commissions (co-applicant)	Mortgage Payments Residential Investment
Rental Income	Property Taxes Residential Investment
Interest Income	Interest & Principal Payments on Loans
Dividend Income	Insurance (car, life, health)
Capital Gains	Investments
Partnership Income	Alimony/Child Support
Other Investment Income	Tuition
Other Income (List)**	Other Living Expense
	Medical Expenses
	Other Expense (List)
TOTAL INCOME ▶ \$	TOTAL EXPENDITURES ▶ \$

Any significant changes expected in the next 12 months? Yes No (If yes, attach information.)

** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Balance Sheet as of _____

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash in this Bank (Schedule A) (including money market accounts, CDs)	\$	Notes Payable to this Bank	\$
		Secured	
Cash in Other Financial Institutions (Schedule A) (including money market accounts, CDs)		Unsecured	
		Notes Payable to Others (Schedule F)	
		Secured	
		Unsecured	
		Accounts Payable (including credit cards)	
		Margin Accounts	
Readily Marketable Securities (Schedule B)		Notes Due: Partnership (Schedule E)	
Non-Readily Marketable Securities (Schedule B)		Taxes Payable	
Accounts and Notes Receivable		Mortgage Debt (Schedule D)	
Net Cash Surrender Value of Life Insurance (Schedule C)		Life Insurance Loans (Schedule C)	
Residential Real Estate (Schedule D)		Other Liabilities (List):	
Real Estate Investments (Schedule D)			
Partnerships / PC Interests (Schedule E)			
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts			
Deferred Income (number of years deferred)			
Personal Property (including automobiles)			
Other Assets (List):			
		TOTAL LIABILITIES	
		NET WORTH	
	\$		\$

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?			\$ _____
Do you have any outstanding letters of credit or surety bonds?			_____
Are there any suits or legal actions pending against you?			_____
Are you contingently liable on any lease or contract?			_____
Are any of your tax obligations past due?			_____
What would be your total estimated tax liability if you were to sell your major assets?			_____
If yes for any of the above, give details or provide schedule:			

Schedule A - Cash, Checking and Savings Accounts, CDs, Money Market Funds, Etc.

Name of Institution	Account Type	Owner	Balance

Schedule B - All Securities (including non-money market mutual funds)

No. of Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEGGED	
						YES	NO
READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)							
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded or restricted stock)							

* If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule C - Insurance

Life Insurance (use additional sheet if necessary)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership %

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule D - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)

Personal Residence		Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
Property Address			Year	Price						
Investment		Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
Property Address			Year	Price						

Schedule E - Partnerships (less than majority ownership for real estate partnerships)*

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date
Business/Professional (Indicate name):						
Investments (including Tax Shelters):						

Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns or in the case of partnership investments or S-corporations, Schedule K-1s.

Schedule F - Notes Payable

Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

Please Answer The Following Questions:

1. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? Yes No
 If yes, what year(s)? _____

2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy or settled any debts for less than the amounts owed? If yes, please provide details: _____ Yes No

3. Have you ever been convicted or pleaded "no contest" to any crime (felony or misdemeanor)? Yes No

4. Have you ever had your license to practice or conduct business suspended or revoked? Yes No

5. Have you drawn a will? Yes No

If yes, please furnish the name of the executor(s) and year will was drawn: _____

6. Number of dependents (excluding self) and relationship to applicant: _____

7. Have you ever had a financial plan prepared for you? Yes No

8. Did you include three years federal tax returns? Yes No

9. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? Yes No

If so, please indicate where, how much, and name of banker:

10. Do you anticipate any substantial inheritances? Yes No

If yes, please explain:

Representations and Warranties

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

NOTICE REGARDING USA PATRIOT ACT: Peapack Private Bank & Trust complies with Section 326 of the USA Patriot Act. This law mandates that we obtain and verify certain information about you, including your name, legal address, date of birth and social security or tax identification number, while processing your account application.

I authorize Peapack Private Bank & Trust to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in any attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001)

Date

Your Signature

Date

Co-Applicant's Signature (if you are requesting the financial accommodation jointly)

Request for Transcript of Tax Return

- ▶ **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.**

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 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

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 2016, filed in 2017, will likely not be available from the IRS until 2018. 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.

| / / | / / | / / | / / |

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:** This form must be received by IRS 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.

Phone number of taxpayer on line 1a or 2a

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

Sign Here

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

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

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 "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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 addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

	Mail or fax to:
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	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
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	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

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 addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

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. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



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.

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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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 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.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

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:

Internal Revenue Service
Tax Forms and Publications Division
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.