



COMMERCIAL LOAN APPLICATION PACKAGE

The following checklist will help you gather the necessary information for the initial evaluation of your commercial loan request. The more complete the information, the faster your application will be processed. Should you have any questions, please do not hesitate to contact your Relationship Officer or Loan Consultant.

- ☒ **Commercial Loan Application**
- ☒ **Management Resume**
One must be provided for each member of the management team, owners, partners, directors or significant stockholders.
- ☒ **Authorization to Pull Credit History Reports**
Must be completed and signed by all critical members of the management team and any guarantors and owners.
- ☒ **Company History**
- ☒ **Business Financial Statements**
Financial statements for the last 3 years. They must either be audited, or must be dated and signed by owners or management. If balance sheet is more than 90 days old, an interim financial statement must also be provided, which is not more than 45 days old.
- ☒ **Accounts Receivable Aging**
No more than 45 days old.
- ☒ **Accounts Payable Aging**
No more than 45 days old.
- ☒ **Inventory Report**
No more than 45 days old.
- ☒ **Schedule of Business Debts**
Detailed as of the date of any interim financial statements.
- ☒ **Business Tax Returns**
For the past 3 years and the most recent period
- ☒ **Projections**
Minimum 3 years projections. Must be sure to include assumptions that support the projections.
- ☒ **Personal Financial Statements**
Form can be provided or they can be accountant prepared. Must be signed and dated by individual. They should be no more than 30 days old.
- ☒ **Guarantor Tax Returns**
For the past 3 years
- ☒ **Request for Transcript of Tax Return (Form 4506-T)**
For the business and any guarantors, if required.
- ☒ **Other** _____
- ☒ **Other** _____
- ☒ **Other** _____

For Commercial Real Estate Loans

- ☒ **Purchase Contract or Buy/Sell Agreement**
Must be sure to include all exhibits and addenda
- ☒ **New Construction Budget or Contract**
 - **Budget**
 - **Contract**
 - **Plans**
 - **Specifications**
- ☒ **Refinancing Information**
 - **Copy of Promissory Note, including any extensions or amendments**
 - **Copy of Deed of Trust, including any extensions or amendments**
- ☒ **Appraisal**
 - **Most recent appraisal**
 - **Most Recent Tax Appraisal**
 - **Property legal description**

For Acquisition Loans

- ☒ **Purchase Contract or Buy/Sell Agreement, including all exhibits and addenda**
- ☒ **Financial information of business to be acquired (historical and projected)**

For Purchases of Equipment or Machinery

- ☒ **Purchase order or invoice**
- ☒ **Detailed description and specifications of equipment to be purchased**
- ☒ **Appraisal of machinery or equipment (if available)**
- ☒ **If refinancing, please provide**
 - **Detailed list of equipment and machinery to be refinanced**
 - **Serial numbers**
 - **Date of purchase or age of equipment**
 - **Copy of original financing notes**

COMPANY NAME _____

PHONE (____) ____ - _____ **FAX** (____) ____ - _____ **EMAIL** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TYPE OF BUSINESS _____ **DATE ESTABLISHED** _____

TYPE OF ENTITY: ☐ **CORPORATION** ☐ **PARTNERSHIP** ☐ **SOLE PROPRIETORSHIP**

☐ **LIMITED LIABILITY CORP./PARTNERSHIP** ☐ **OTHER** _____

NUMBER OF EMPLOYEES _____ **EXISTING** _____ **PROPOSED AFTER LOAN**

REFERENCES:

BANK NAME _____ **PHONE** (____) ____ - _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

ACCOUNTANT'S NAME _____ **PHONE** (____) ____ - _____

ATTORNEY'S NAME _____ **PHONE** (____) ____ - _____

LIFE INSURANCE AGENT _____ **PHONE** (____) ____ - _____

HAZARD INS. AGT _____ **PHONE** (____) ____ - _____

OWNERSHIP: list below all officers, directors, partners, co-owners and stockholders of significance.

NAME	TITLE	PERCENTAGE OWNERSHIP	ANNUAL COMPENSATION FROM BORROWER
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$

AFFILIATES List below all entities in which the company or any of the individuals listed in its ownership have a controlling interest. Use additional sheets if required.

AFFILIATE NAME	RELATED OWNERSHIP	PERCENTAGE OWNERSHIP
		%
		%
		%
		%
		%

ESTIMATED PROJECT BUDGET

ITEM	EQUITY	OTHER SOURCES	BANK LOAN	TOTAL COST
Land acquisition	\$	\$	\$	\$
New construction	\$	\$	\$	\$
Land and building acquisition	\$	\$	\$	\$
Building improvements and repairs	\$	\$	\$	\$
Acquisition of machinery and equipment	\$	\$	\$	\$
Inventory purchase	\$	\$	\$	\$
Working capital needs (including accounts payable)	\$	\$	\$	\$
Acquisition of an existing business	\$	\$	\$	\$
Repayment or refinancing of debts [+]	\$	\$	\$	\$
Closing costs	\$	\$	\$	\$
Other [+]	\$	\$	\$	\$
TOTAL AMOUNT	\$	\$	\$	\$

[+] SPECIFY: _____

LOAN REQUESTED: \$ _____

COLLATERAL OFFERED FOR LOAN		
DESCRIPTION	ESTIMATED MARKET VALUE	EXISTING LIENS
	\$	\$
	\$	\$
	\$	\$

PERSONAL GUARANTEES OFFERED		
NAME, ADDRESS & SOCIAL SECURITY NUMBER	NET WORTH	RELATIONSHIP
	\$	
	\$	
	\$	

I/we certify that all of the above information is true and correct to the best of my/our knowledge and belief. I/we hereby authorize the release to Colonial Savings, F.A. of all credit history and information required for the purpose of processing and evaluating the applicant's credit transaction. The undersigned also permit(s) Colonial Savings, F.A. to release the applicant's credit information and otherwise exchange information regarding applicant's credit transaction to various business professionals involved in the transaction, including but not limited to, commercial real estate brokers, real estate agents, appraisers, accountants, attorneys, the U.S. Small Business Administration, and third party financial institutions.

_____ SIGNATURE	_____ TITLE	_____ DATE
_____ SIGNATURE	_____ TITLE	_____ DATE
_____ SIGNATURE	_____ TITLE	_____ DATE
_____ SIGNATURE	_____ TITLE	_____ DATE



COMPANY HISTORY

Please help us learn about your business. You may include any relevant information or supporting documentation as a separate exhibit.

Nature of the business and services provided _____

Describe your customer profile _____

KEY CUSTOMERS		KEY SUPPLIERS	
MAJOR COMPETITORS		KEY RISK FACTORS FOR THE BUSINESS	

Date company was acquired or began operations _____

Any significant changes during control? ☐ YES ☐ NO If YES, explain _____

What plans for future? _____

How will the loan requested help the company? _____

Will this funding generate employment? _____

SIGNATURE

DATE

AUTHORIZATION TO PULL CREDIT HISTORY REPORTS

The undersigned individual(s) hereby authorize(s) the release to Colonial Savings, F.A. of all credit history and information required for the purpose of processing and evaluating the applicant's credit transaction. The undersigned also permit(s) Colonial Savings, F.A. to release his/her credit information and otherwise exchange information regarding the applicant's credit transaction to various business professionals involved in the transaction, including but not limited to, commercial real estate brokers, real estate agents, appraisers, accountants, attorneys, the U.S. Small Business Administration, and third party financial institutions.

<div style="background-color: #e0ffff; padding: 2px; margin-bottom: 5px;">1. Name _____</div> <div style="margin-bottom: 5px;">Signature _____</div> <div style="margin-bottom: 5px;">Home Address _____</div> <div style="margin-bottom: 5px;">_____</div>	<div style="margin-bottom: 20px;">Birth Date ____/____/____</div> <div style="margin-bottom: 20px;">SSN ____-____-____</div> <div style="margin-bottom: 20px;">Date ____/____/____</div>
<div style="background-color: #e0ffff; padding: 2px; margin-bottom: 5px;">2. Name _____</div> <div style="margin-bottom: 5px;">Signature _____</div> <div style="margin-bottom: 5px;">Home Address _____</div> <div style="margin-bottom: 5px;">_____</div>	<div style="margin-bottom: 20px;">Birth Date ____/____/____</div> <div style="margin-bottom: 20px;">SSN ____-____-____</div> <div style="margin-bottom: 20px;">Date ____/____/____</div>
<div style="background-color: #e0ffff; padding: 2px; margin-bottom: 5px;">3. Name _____</div> <div style="margin-bottom: 5px;">Signature _____</div> <div style="margin-bottom: 5px;">Home Address _____</div> <div style="margin-bottom: 5px;">_____</div>	<div style="margin-bottom: 20px;">Birth Date ____/____/____</div> <div style="margin-bottom: 20px;">SSN ____-____-____</div> <div style="margin-bottom: 20px;">Date ____/____/____</div>
<div style="background-color: #e0ffff; padding: 2px; margin-bottom: 5px;">4. Name _____</div> <div style="margin-bottom: 5px;">Signature _____</div> <div style="margin-bottom: 5px;">Home Address _____</div> <div style="margin-bottom: 5px;">_____</div>	<div style="margin-bottom: 20px;">Birth Date ____/____/____</div> <div style="margin-bottom: 20px;">SSN ____-____-____</div> <div style="margin-bottom: 20px;">Date ____/____/____</div>
<div style="background-color: #e0ffff; padding: 2px; margin-bottom: 5px;">5. Name _____</div> <div style="margin-bottom: 5px;">Signature _____</div> <div style="margin-bottom: 5px;">Home Address _____</div> <div style="margin-bottom: 5px;">_____</div>	<div style="margin-bottom: 20px;">Birth Date ____/____/____</div> <div style="margin-bottom: 20px;">SSN ____-____-____</div> <div style="margin-bottom: 20px;">Date ____/____/____</div>

Please fill all spaces. If an item is not applicable or the information is not available, please indicate. You may include any relevant information or supporting documentation as a separate exhibit.

PERSONAL INFORMATION

NAME _____ SSN _____ - _____ - _____
 DATE OF BIRTH _____ WHERE? _____
 HOME (____) ____ - _____ BUSINESS (____) ____ - _____ EMAIL _____
 ADDRESS _____
 _____ FROM _____ TO _____
 PREVIOUS ADDRESS _____
 _____ FROM _____ TO _____
 SPOUSE _____ SSN _____ - _____ - _____
 ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO, Alien Registration Number _____

EDUCATION

SCHOOL	DATES	MAJOR	DEGREE

MILITARY SERVICE

BRANCH _____ DATES OF SERVICE _____

WORK EXPERIENCE

Begin with more recent experience and list chronologically,

1. Company name & location _____
 From _____ To _____ Title _____
 Duties _____
2. Company name & location _____
 From _____ To _____ Title _____
 Duties _____
3. Company name & location _____
 From _____ To _____ Title _____
 Duties _____

 SIGNATURE

 DATE

As of _____

Please complete this form for (i) each proprietor, (ii) each partner owning 20% or more of the business, (iii) any general partners regardless of their ownership, (iv) each stockholder owning or controlling 20% or more of the stock and (v) any person or entity that is providing a guarantee for the loan.

NAME		BUSINESS PHONE	
RESIDENCE ADDRESS		HOME TELEPHONE	
		OTHER PHONE	
CITY	STATE	ZIP	EMAIL
BUSINESS NAME OF APPLICANT OR BORROWER			
ASSETS		LIABILITIES	
Cash on hand and in banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes payable to banks and others (Section 2)	\$
IRA and other retirement accounts	\$	Auto Loans Monthly Pmt \$	\$
Accounts and Notes Receivable	\$	Installment Loans – Other Monthly Pmt \$	\$
Life Ins. Cash Surrender Value (Section 8)	\$	Loan on Life Insurance	\$
Stocks and Bonds (Describe 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 ASSETS	\$	TOTAL	\$
Section 1: SOURCES OF INCOME		CONTINGENT LIABILITIES	
Salary	\$	As endorser or co-maker	\$
Net Investment Income	\$	Legal claims & judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe below)	\$	Other Special Debt	\$
Description of Other Income in Section 1 (Don't include alimony or child support unless you want it to be included in total income)			

Section 2: NOTES PAYABLE TO BANKS AND OTHERS (Use attachment if necessary. Attachment to be dated and signed)

NAME AND ADDRESS OF NOTE HOLDER (S)	ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT	PAYMENT BASIS	SECURED/GUARANTEED/ COLLATERAL

Section 3: STOCKS & BONDS (Use attachments if necessary. Each attachment must be signed and dated)

NUMBER OF SHARES	NAME OF SECURITIES	COST	MARKET OR EXCHANGE QUOTE	DATE OF QUOTE	TOTAL VALUE

Section 4: REAL ESTATE OWNED (List each parcel separately. Use attachment if necessary. Attachment must be signed and dated)

	PROPERTY A	PROPERTY B	PROPERTY C
TYPE OF PROPERTY			
ADDRESS			
DATE PURCHASED			
ORIGINAL COST			
MARKET VALUE			
LIEN HOLDER NAME & ADDRESS			
MORTGAGE LOAN #			
MORTGAGE BALANCE			
MONTHLY/YEARLY PAYMENT			
STATUS OF MORTGAGE			

Section 5: OTHER PERSONAL PROPERTY AND OTHER ASSETS (Describe and specify if pledged, stating name and address of lien holder, amount of lien, terms of payment and delinquency status)

Section 6: UNPAID TAXES (Describe type, to whom payable, when due, amount, any property related and if any tax lien is attached)

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Section 7: OTHER LIABILITIES (Describe in detail)

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Section 8: LIFE INSURANCE HELD (Give the face amount, cash surrender value of policies, name of insurance company and beneficiaries)

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I authorize Colonial Savings, F.A. 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 to the stated date(s). These statements are made with the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution under federal and state laws.

SIGNATURE	DATE	SOCIAL SEC. #
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SIGNATURE	DATE	SOCIAL SEC. #
-----------	------	---------------

PLEASE NOTE:

This form should take about 1½ hours to complete. If you have any questions or comments concerning the informational requirements contained in this form or any other aspect of the information, please do not hesitate to contact your nearest branch or your loan officer. If you have an accountant that helps you with the preparation of your tax returns, he/she may be able to assist you in completing this form. However, the form must be signed and dated by the individuals whose information is being submitted.



REQUEST FOR TRANSCRIPT OF TAX RETURN

Form **4506**

(Rev. January 2011)

Department of the Treasury
Internal Revenue Service

Request for Copy of Tax Return

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

OMB No. 1545-0429

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or 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.

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 tax return 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 return.

Caution. If the tax return is being mailed to a third party, ensure that you have filled in line 6 and line 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ►

Note. If the copies must be certified for court or administrative proceedings, check here ☐

7 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 eight years or periods, you must attach another Form 4506.

8 Fee. There is a \$57 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.

a Cost for each return \$ **\$57.00**

b Number of returns requested on line 7

c Total cost. Multiply line 8a by line 8b \$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☐

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 return 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 on behalf of the taxpayer. **Note.** For tax returns 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

REQUEST FOR TRANSCRIPT OF TAX RETURN

Form 4506 (Rev. 1-2011)

 Page **2**

General Instructions

Section references are to the Internal Revenue Code.

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

How long will it take? It may take up to 60 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

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.

Where to file. Attach payment and mail Form 4506 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 returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

Mail 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

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 AJSC
Austin, TX 73301

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

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

Chart for all other returns

If you lived in or your business was in:

Mail 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

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

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of 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, please include it on this line 3.

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.

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

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

Corporations. Generally, Form 4506 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 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

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.

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 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

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 return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. 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 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 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 simpler, we would be happy to hear from you. You can write to 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.