Miami Bayside Foundation, Inc.
25 SE 2nd Avenue, Suite 240, Miami, FL 33131
(305) 379-7070
info@miamibaysidefoundation.org
www.MiamiBaysideFoundation.org

LOAN APPLICATION REQUIREMENTS

FORMS ENCLOSED TO BE FILLED OUT AND SIGNED BY ALL OWNERS AND/OR PRINCIPALS

- ☐ Business Loan Application
- ☐ Personal Financial Statement, filled out by anyone owning 20% or more
- ☐ Statement of Personal History
- ☐ Authorization for Services and Waiver of Liability
- ☐ Plan for Compliance with Job Creation and Retention
- ☐ Inventory of Fixtures and Equipment Owned
- ☐ Form 4506-T
- ☐ Borrower Authorization for Consumer Report

INFORMATION REQUESTED

- ☐ Business Plan including corporate history and comprehensive marketing plan.
- ☐ Resume of all principals.
- ☐ Three (3) years Profit and Loss Projections, monthly for one (1) year, and annually for the next two (2) years. Footnote assumptions.
- ☐ Detailed Use of Funds, including a breakdown of any line items over $5,000.
- ☐ Business Financial Statements for the last three (3) fiscal years and year-to-date
- ☐ Corporate Tax Returns (federal income tax) for the last three (3) years.
- ☐ Personal Income Tax Return filed for the last three (3) years.
- ☐ Six (6) months of supporting bank statements.
- ☐ Copy of Lease or Letter of Intent to Lease.
- ☐ Copy of Business Documents: Partnership Agreements, Articles of Incorporation, By-Laws, Certificate of Good Standing, etc.
- ☐ Copy of Local Business Tax Receipt.
- ☐ Proof of General Liability Insurance.
- ☐ Documentation of all Outstanding Debt Including Equipment Leases.

OTHER INFORMATION THAT WILL BE REQUESTED AFTER APPROVAL

- ☐ Written evidence of up-to-date insurance coverage on property owned.
- ☐ Minority Business Certification from one of the following agencies: NMBC, SFMSDC, Disadvantaged Business Enterprise (Miami-Dade County), 8A (SBA), or MBE (State of Florida).
- ☐ Life Insurance Policy with an Assignment of Benefits to MBF equal to amount of loan.

OTHER INFORMATION THAT MAY BE REQUESTED AFTER APPROVAL

- ☐ Copy of Warranty Deeds, Owner's Title Insurance Policy and Survey of all Real Estate owned by business and/or guarantors and copy of Closing Statements evidencing original purchase.
- ☐ Evidence of tax assessment values and any existing appraisals not older than six (6) months. The appraiser must be State Certified and have been licensed for at least two (2) years.
- ☐ Evidence of existing mortgage balances and copy of corresponding documents. State Licenses as appropriate.

BUSINESS LOAN APPLICATION

BUSINESS INFORMATION

Business Name: _____

Business DBA : _____

Business Address as stated on Occupational License: _____

Contact Person: _____Work Number: _____

Mobile Number _____ Email:_____

Website: _____ Sole Proprietorship ( ) Partnership ( ) Corporation ( ) Other ( )

Ownership Distribution: (list stockholders, partners, and owners with ownership greater than 20%)

Name: _____ Title: _____ #of yrs _____ % ____ SS#_____

Address: _____

Name: _____ Title: _____ #of yrs _____ % ____ SS#_____

Address: _____

Name: _____ Title: _____ #of yrs _____ % ____ SS#_____

Address: _____

Type of Business: _____Date Established:_____ EIN:_____

DUNS #: _____ Present Number of Employees: _____ Proposed Number of Employees after Loan: _____

Years at present location: _____ ( ) Own ( ) Lease

FINANCIAL INFORMATION

Business Bank Account: _____ Account Number: _____

Business Debts and Credit Relationships - Include Mortgages Payable, Contracts. Notes, Business Debts, Credit Cards, etc.

Agency's Name:	Original Date	Original Loan Amount	Present Balance	Repayment Terms	Status

LOAN REQUEST

Specific Loan Purpose (Check all that apply) EXPLAIN

( ) Working Capital $_____ _____
( ) Purchase of Inventory $_____ _____
( ) Purchase of Equipment $_____ _____
( ) Expansion $_____ _____
( ) Other $_____ _____

Loan Amount $0_____

Collateral Available (Check all that apply)

( ) All Assets (accounts receivable, inventory, machinery and equipment) $_____
( ) Specific Equipment (Please attach equipment list) $_____
( ) Real Estate $_____
( ) Personal Assets (As described in Personal Financial Statement) $_____
( ) Other _____ $_____

Total Collateral $0_____

MISCELLANEOUS INFORMATION

Are tax liabilities current? ( ) Yes ( ) No (If no, explain on a separate sheet)

Is the business an endorser, guarantor, or co-maker for any obligation not listed in the financial statements?

( ) Yes ( ) No If yes, what is the contingent liability? _____

Has the business or principal owner ever declared bankruptcy? ( ) Yes ( ) No (If yes, provide details on a separate sheet)

Is the business a defendant in any lawsuit? ( ) Yes ( ) No

Are any of the business assets encumbered by liens or attachments of any type (i.e. UCC filing)? ( ) Yes ( ) No

What _____ By whom _____ Amount $_____

What _____ By whom _____ Amount $_____

CERTIFICATION

The undersigned certifies that to the best of his or her knowledge and belief, all information contained in this loan application and in the accompanying statements and documents is true, complete, and correct. The undersigned agrees to notify the Miami Bayside Foundation, Inc. immediately of any material changes in this information. The undersigned authorizes Miami Bayside Foundation, Inc. to contact any bank and trade creditors it deems necessary without further notice, including, but not limited to, Dun & Bradstreet reports or information from any credit reporting agency.

Notice to applicant: The purpose of Miami Bayside Foundation, Inc. is to create and administer a loan fund for minority businesses in Miami. The Lender reserves the right to recall the loan if these requirements are not met.

Applicant Signature: _____ Date: _____

Applicant Name and Title: _____

Applicant Signature: _____ Date: _____

Applicant Name and Title: _____

Personal Financial Statement

This form is to be filled out by each Applicant with ownership of 20% and above

Borrower	SECTION 1 – PERSONAL INFORMATION		Spouse		
Borrower's Name: First, Middle, Last			Spouse's Name: First, Middle, Last		
SS#:	Home Phone:	Date of Birth:	SS#:	Home Phone:	Date of Birth:
( ) Married ( ) Unmarried ( ) Separated ( ) Divorced		Place of Birth:			Place of Birth:
Mobile Number:			Mobile Number:		
Driver License Number:			Driver License Number:		
Email:			Email:		
Present Address (street, city, state, zip) ( ) own ( ) rent ___# yrs.			Present Address (street, city, state, zip) ( ) own ( ) rent ___# yrs.		
If residing at present address for less than two years, complete the following					
Former Address (street, city, state, zip) ( ) own ( ) rent ___# yrs.			Former Address (street, city, state, zip) ( ) own ( ) rent ___# yrs.		
Nearest relative not living with you. Name:	Address:		Phone:	Relationship:	

Borrower	SECTION 2 – EMPLOYMENT INFORMATION		Spouse
Name and address of employer:	Years on this job:_____ Years employed in this line of work:_____	Name and address of employer:	Years on this job:_____ Years employed in this line of work:_____
Position/Title/Type of Business:	Business Phone:	Position/Title/Type of Business:	Business Phone:
If employed for less than two years or if employed in more than one position, fill below:			
Name and address of employer:	Dates (from-to): _____ Monthly Income: _____	Name and address of employer:	Dates (from-to): _____ Monthly Income: _____
Position/Title/Type of Business:	Business Phone:	Position/Title/Type of Business:	Business Phone:

SECTION 3 – MONTHLY INCOME				SECTION 4 – MONTHLY CONTINGENT LIABILITIES			
	Borrower	**Spouse**	**Total**		**Borrower**	**Spouse**	**Total**
Salary	$	$	$ 0	**As endorser or Co-maker**	$	$	$ 0
Net Investment Income	$	$	$ 0	**Legal Claims and judgments**	$	$	$ 0
Net Real Estate Income	$	$	$ 0	**Provisions for Fed. Income Tax**	$	$	$ 0
Other Income Describe:	$	$	$ 0	**Other Special Debt Describe**	$	$	$ 0
Total	$ 0	$ 0	$ 0	**Total**	$ 0	$ 0	$ 0

SECTION 5 – ASSETS		SECTION 6 –LIABILITIES	
Cash on Hand & in Checking Accounts	$		
Savings Accounts	$	Notes Payable to Banks & others (Include Credit Cards) Describe in Section 7	$
IRA & Other Retirement Accounts	$		
Accounts& Notes Receivables	$	Installment Accounts (Auto-total outstanding) Monthly Payments ($_____)	$
Stocks and Bonds Describe in Section 8	$		
Life Insurance-Cash Surrender Value Complete Section 12	$	Loan on Life Insurance	$
Real Estate Describe in Section 13	$	Mortgage on Real Estate Describe in Section 13	$
		Unpaid Taxes Describe in Section 10	$
Automobile – Present value	$	Other Liabilities Describe in Section 11	$
Other Personal Property Describe in Section 9	$		
Other Assets Describe in Section 9	$		
TOTAL ASSETS	**$** 0	**TOTAL LIABILITIES**	**$** 0
NET WORTH (Total Assets – Total Liabilities)			**$**

SECTION 7 – NOTES PAYABLE TO BANKS AND OTHERS

Name and Address of Note Holder	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured Type of Collateral

SECTION 8 – STOCKS AND BONDS

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation	Total Value

SECTION 9 – 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, detail delinquency)

SECTION 10 – UNPAID TAXES

(Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien is attached)

SECTION 11 – OTHER LIABILITIES

(Describe in detail)

SECTION 12 – LIFE INSURANCE HELD

(Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)

SECTION 13 – REAL ESTATE OWNED

(List each parcel separately. Use attachments if necessary)

	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 Monthly Payment			

SECTION 14 – DECLARATIONS

	Borrower		Spouse	
	Yes	No	Yes	No
a. Are there any outstanding judgments against you?				
b. Have you ever declared bankruptcy?				
c. Have you ever had property foreclosed upon or given title or deed in lieu thereof?				
d. Are you party to a lawsuit?				
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment (this would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured home loans, any mortgage, financial obligation, bond, or loan guarantee)?				
f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?				

SECTION 15 – ACKNOWLEDGEMENT AND AGREEMENT

I/We authorize Miami Bayside Foundation, Inc. to verify the accuracy of statements made and to determine my creditworthiness.
I/We herein give authorization to the credit-reporting agency of your choice to deliver a credit report about my person to the interested party.
I understand that I hereby waive any privileges I may have regarding the requested information to release it to the interested party. The requested information will be used in reference to my employment, banking, credit and residence as applicable and to give this information to Miami Bayside Foundation, Inc. I/We understand that the information from Equifax, TRW, and Merchants Credit Bureau. Its officers, employees, agents or suppliers shall not be liable to the agency, consumer for any claim, injury or damages upon furnishing such credit information. The credit Reporting Agency acts only as a service agent on the client's behalf to obtain a credit report of the consumer. A copy of this form may be used in lieu of the original.
I/We certify the above and the statements contained in the attachments are true and accurate as of the stated date. These information and statements are made for the purpose of obtaining a loan and I/We acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liabilities and/or criminal penalties, including, but not limited to, fine, imprisonment or both under the provisions of Title 18, United States Code. Section 1001. et seq and liability for monetary damages to Miami Bayside Foundation, Inc., its agents, successors and assigns, and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made in this application.

Applicant's Signature:	Date:	Spouse's Signature:	Date:

Statement of Personal History

(This form to be filled out by each Applicant)

Last Name:_____ First Name:_____ Middle Name:_____

U.S. Citizen ( ) Yes ( ) No If yes, documented by (please give the number of one of the following documents):

Birth Certificate: _____

Passport: _____

Certificate of Naturalization: _____

If no, give Alien Registration Number: _____

PLEASE ATTACH A COPY OF THE CHOSEN DOCUMENT

Give the percentage of ownership or stock owned or to be owned in the small business concern:____%

Be sure to answer the following two questions correctly because they are important. The fact that you have an arrest or conviction record will not necessarily disqualify you, but an incorrect answer will probably cause your application to be turned down.

Are you presently under indictment, on parole or on probation? ( ) Yes ( ) No
If yes, provide details in an attachment. List name(s) under which held, if applicable.

Have you ever been charged with or arrested for any criminal offense other than a minor vehicle violation? ( ) Yes ( ) No
If yes, provide details in an attachment. List name(s) under which held, if applicable.

Provide three personal references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

The information on this form will be used in connection with an investigation of your character. Any information you wish to submit that you feel will expedite this investigation, should be set forth.

Applicant Name: _____ Date: _____

Applicant Signature: _____

AUTHORIZATION FOR SERVICES AND WAIVER OF LIABILITY

The Applicant on behalf of himself/herself (or _____ corporation or _____, a partnership) hereby requests Miami Bayside Foundation, Inc. to provide financial services. To assist Miami Bayside Foundation, Inc in providing said services, the Applicant agrees to furnish all information and documentation requested by Miami Bayside Foundation, Inc. and certifies that any information, documentation, and representations provided to Miami Bayside Foundation, Inc. will be true and correct. The Applicant agrees that any documents provided to Miami Bayside Foundation, Inc. will become the property of Miami Bayside Foundation.

All information and data furnished by the Applicant will be treated as confidential provided that the Applicant authorizes Miami Bayside Foundation, Inc. and/or its affiliates, agents, and representatives to furnish information and data as necessary to local financial institutions in connection with related loans. The Applicant further agrees that Miami Bayside Foundation, Inc. may release such information whenever required by law, whether pursuant to a statutory provision through judicial or administrative order, or by legal proceeds.

The Applicant hereby releases Miami Bayside Foundation, Inc., its officers, directors, employees, agents, and independent contractors which it employs (named "Protected Parties") from any and all damage, claims, demands, and causes of action which the Applicant has or may have in the future against the Protected Parties by reason of any occurrences, including without limitation damages, injuries, and loses of any type or manner arising from any services which the Protected Parties provide or fail to provide under this authorization, including the release of information deemed confidential.

The Applicant hereby agrees to indemnify and hold harmless the Protected Parties from any and all damages, claims, demands and causes of actions, including, but not limited to, amounts paid upon judgments, attorney's fees, cost and amounts paid in settlement, reasonably incurred in connection with the defense or settlement of any claim, action, sort of proceedings in which any of the Protected Parties may be involved by virtue of services they provide or fail to provide on behalf of the Applicant pursuant to this authorization. The Applicant further agrees that in conjunction with this indemnification, the Applicant shall defend the Protected Parties at its own expense, specially including, without limitation attorney's fees, court costs, expert's fees. Investigation fees and expenses; provided however, that any counsel chosen by the Applicant must be acceptable to the Protected Parties involved in the particular litigation.

It is understood that either Miami Bayside Foundation, Inc. or the Applicant may terminate the services provided hereunder at any time. It is further acknowledges that Miami Bayside Foundation, Inc. will provide the services as time permits.

The Applicant clearly understands that in the event that Miami Bayside Foundation, Inc. issues a Commitment to Lend and it is executed by the Applicant, the Applicant agrees to pay a fee of 1% of the loan amount to cover closing costs and attorney's fees.

RIGHT TO FINANCIAL PRIVACY ACT OF 1987

This act was designed to protect the right to financial privacy. This is a notice to you, as required by the Right to Financial Privacy Act of 1978 of Miami Bayside Foundation, Inc.'s access right to financial records held by financial institutions that are or have been doing business with you, or your business, including any financial institutions participating in this loan, or loan guarantee in connection with this loan application. The Applicant further agrees to give Miami Bayside Foundation, Inc. access right continuously for the term of the approved loan without further notice as long as Miami Bayside Foundation, Inc. retains any interest in the loan.

The Applicant further agrees to wave all rights derived from this Act and authorizes Miami Bayside Foundation, Inc. to use or transfer to the Government and all those financial institutions involved in this loan, all financial records and to collect on a defaulted loan, or loan guaranty.

The Applicant further agrees to authorize Miami Bayside Foundation, Inc. to advertise the approval of this loan in its outreach activities. No other financial records will be released by Miami Bayside Foundation, Inc., except as required or permitted by law.

ACKNOWLEDGE

I (We) certify that I (We) have read and accept this notice and that I (We) have been given a copy of it.
I (We) certify that the information contained in this form and all other statements and attachments to it, business and personal, pertaining to this case to be true and accurate.

Date: _____ Signature:_____

Name: _____ Title: _____

Date: _____ Signature:_____

Name: _____ Title: _____

BUSINESS PLAN FOR COMPLIANCE WITH JOB CREATION AND RETENTION

Business Name: _____

A. Full Time Employees at present: _____ B. Projected Full Time Employees within two years from loan approval: _____

C. Total Number of Jobs Created (A – B): _____

List of Current Employees Other Than Owners (**Use separate sheet if necessary**)

Full Name	Position	Annual Salary	Hours Per Week

Projected Employees (**Use separate sheet if necessary**)

Job Title	# of Employees	Full-Time, Part-Time, or Contract	Hours Per Week	Annual Salary	Education/ License

COMPLIANCE ACTION PLAN

Please describe which actions will be taken by the business to ensure that low and moderate income persons will receive first consideration for the jobs to be created.

_____

_____

_____

I (WE) CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

INVENTORY OF FIXTURES AND EQUIPMENT OWNED

COMPANY NAME: _____

Description	Serial Number	Year Purchased	Condition (new, fair, needs repair, etc.)	Estimated Current Value

Date: _____

SIGNATURE: _____

Form **4506-T**

(Rev. January 2010)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

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

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can 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
► **Signature** (see instructions)	Date	

Sign Here

► **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 RAIVS 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.

RE: Credit to be Extended to _____ ("Borrower")

The person(s) signing this letter is/are either principals or guarantors of the Borrower related to the loan which the Borrower has obtained from Miami Bayside Foundation or a loan for which the Borrower is applying. This letter serves as my/our authorization that is given to Miami Bayside Foundation, Inc. and its assigns ("MBF") to obtain "consumer reports" and/or "investigative consumer reports" about me/us from any consumer reporting agency that MBF may choose to use and also to consider such reports when making any credit decisions regarding Borrower's application for a loan, or Borrower's performance of its obligations under any existing loan, or any modification of any existing loan. I/We acknowledge that there are various Federal and/or State laws such as the "Fair Credit Reporting Act" that control the issuance or use of "consumer reports" and/or "investigative consumer reports" by creditors. I/We understand that I/we are not obligated to provide MBF this authorization to review such "consumer reports" and/or "investigative consumer reports." I/We agree that such reports can be released to MBF so that MBF will consider either the Borrower's application for a loan, or the Borrower's performance of its obligations under any existing loan, or any modification of any existing loan.

I/We hereby authorize MBF to obtain a "consumer report" or "investigative consumer report", for credit evaluation purposes, whether or not subject to the Fair Credit Reporting Act. I/We authorize any person or entity contacted by MBF or anyone acting on their behalf, to furnish information regarding verification of my/our social security number, education, military record, motor vehicle reports, credit history, financial account balance and history, professional licensures, public records, criminal record and/or employment references.

A photocopy, scan or facsimile copy of this letter can be treated as though it were the original.

Name (First, Middle, Last):			SSN:	
Address:				DoB:
City:	State:	Zipcode:	Mobile:	
Email:			Date:	
Signature:				

Name (First, Middle, Last):			SSN:	
Address:				DoB:
City:	State:	Zipcode:	Mobile:	
Email:			Date:	
Signature:				

By signing this form you are agreeing to a charge of up to $30.00 (thirty dollars) for access to Triple-Bureau Report and Credit Scores. I understand these charges will post as a debit from the credit card listed below, and that I/We agree to the triple bureau credit report.

Billing Information:

Credit Card #		CVV Code: ___ ___ ___ ___
Expiration Date: _____/_____	____Visa ____ MC ____AMEX ___Discover	
Name as it appears on card to be billed:		
Signature:		Date:
Billing Address (if different):		
City:	State:	Zipcode: