-				<u>Uniform I</u>										
This application is designated as applicable. Co-Borrow	-	•	•											
(including the Borrower														
community property rig						•								
other person has comr community property sta	, ,	. , .	•	• • • • • • • • • • • • • • • • • • • •						•			ty is ioca	iteu iii a
If this is an application	for joint o	redit, Borr	ower and (	Co-Borrower ea	ch agree that	we intend	d to apply	for join	nt credit (sign	n below):				
Borrower				Co-Borro	ower									
				I. TYPE O	F MORTGAG	E AND 1	TERMS O	F LOA	N					
Mortgage V	′A 🔲	Convention	nal C	Other (explain):			Αç	gency C	Case Number		Lender	Case Nur	mber	
Amount	НА	USDA/Rura Interest F	al Housing Rate	Service No. of Months	S Amortization	n	Fixed Rate		Other Jevels	in).				
\$			%		Type:		GPM		Other (explain ARM (type)					
		l	I	I. PROPERTY	INFORMATIO	N AND	PURPOS	E OF L	LOAN					
Subject Property Addres	ss (street,	city, state &	ZIP)										No.	of Units
Legal Description of Su	bject Prop	perty (attac	ch descripti	ion if necessary	y)								Year Bu	ilt
Purpose of Loan	Purchase		Constructi	ion	Othe	er (explai	n):			ty will be		ondary [	·	
Complete this line if	Refinance			ion-Permanent	loan					Residence		idence	Inve	stment
Year Lot Acquired Original Cost		tion or co		Existing Liens	(a) Prese	nt Value	of Lot	(b) (	Cost of Impr	ovements	Total	(a + b)		
\$			\$		\$			\$			\$			
Year Original Cost		refinance		Existing Liens	Purpose	of Refina	ince		Desc			nade [	to be	e made
Acquired									impro	ovements	"	laue L	10 D	s made
\$ Title will be held in wha	at Namala	1	\$				Man	nor in 1	Cost:		1	Estat	e will be	hald in
Title will be field in wha	at Mame(s	1					IVIAII	ner in v	which title w	ill be field	1	Estati	e will be Fee Simp	
Source of Down Payment, Settlement Charges, and/or Subordinate Financing (explain)  Leasehold (show expiration date)														
Borrower's Name (inclu	do Ir or '	Borro		III	I. BORROWEI	1			C nclude Jr. or	o-Borrow				
	ı			T	Γ				1					
Social Security Number	Home P	hone (incl.	area code	DOB (mm/dd/yyyy)	Yrs. School	Social	Security N	Number	Home Pho	ne (incl. a	rea code)	DOB (mm/dd/yy	ууу)	Yrs. School
	nmarried (ir ivorced, wid	nclude single, dowed)	Dependence.	ents (not listed by ages	Co-Borrower)		Married Separated		nmarried (inclu vorced, widow		Dependent no.	s (not listed ages	l by Borrow	ver)
Present Address (street,	city, state,	ZIP)	Own	Rent	No. Yrs.	Presen		(street,	city, state, ZIP	)	wn	Rent		No. Yrs.
Mailing Address, if diffe	erent from	Present A	ddress			Mailing	a Address.	if diffe	erent from Pr	esent Ado	dress			
,														
If residing at present Former Address (street, or							r Address	(street (	city, state, ZIP)					
Tomici Addiess (street,	city, state, i	211 /	Own L	Rent	No. Yrs.	Tomic	r Addicss	(Street, t	orty, state, Zii )		wn	Rent		No. Yrs.
		Borro	wer	IV.	EMPLOYME	NT INFO	RMATIO	N	С	o-Borrow	/er			
Name & Address of Em	ployer		Self Employ	Vre o	on this job	_	& Address				Employed	Yrs	. on this j	ob
				Vrs. emplo	ved in this line	4						Vre emn	loved in	this line
				of work	yed in this line profession							of wo	oloyed in ork/profes	sion
											15			
Position/Title/Type of B				Business Phone (ii			n/Title/Typ					iness Phone	(inci. area	code)
If employed in current Name & Address of Em		n for less	Self Employ	Dates	urrently empl (from - to)		more that & Address		•	i i	the follow Employed		s (from -	to)
			Sell Liliploy	eu						3eii	Linployed			
				N./	alv Income	-						N 4 -	vthlv l∞ -	me
				Month \$	nly Income							Mor \$	nthly Inco	me
Position/Title/Type of B	Susiness			Business Phone (ii	ncl. area code)	Positio	n/Title/Ty	pe of B	usiness		Busi	iness Phone	(incl. area	code)
Name & Address of Em	ployer		Self Employ	ed Dates	(from - to)	Name	& Address	of Em	ployer	Self	Employed	Date	s (from -	to)
				Month	nly Income	-						Mor	nthly Inco	me
				\$								\$		
Position/Title/Type of B	Susiness			Business Phone (ii	ncl. area code)	Positio	n/Title/Ty	pe of B	usiness		Busi	iness Phone	(incl. area	code)

Initials:

	V	. MONTHLY INCOME A	AND COMBINED HOUS		ATION	
Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income*	<u> </u>	\$	\$	Rent	\$	
Overtime				First Mortgage (P&I)		\$
Bonuses				Other Financing (P&I)	<u> </u>	<u> </u>
Commissions Dividends/Interest				Hazard Insurance	<del> </del>	-
Dividends/Interest				Real Estate Taxes	<del> </del>	<u> </u>
Net Rental Income Other (before completing,				Mortgage Insurance Homeowner Assn. Dues		1
see the notice in "describe -				Other:	+	
other income," below)  Total		<del> </del>	<del> </del>	Total	+.	1.
		\$ rovide additional documentation	\$ n such as tax returns and finance		\$	\$
• •		tice: Alimony, child support, or		e need not be revealed if the Bo	rrower (B)	Monthly Amount
						\$
						Γ
			VI. ASSETS AND LIABI			
sufficiently joined so that	t the Statement ca	can be meaningfully and fa bout a non-applicant spou	airly presented on a combine or other person, this S	oined basis; otherwise, sep	parate Statements and schedules must be cor Completed	r assets and liabilities are I Schedules are required. If mpleted about that spouse  Jointly Not Jointly nber for all outstanding debts.
ASSETS Description Cash deposit toward pure	chase held hy:	Cash or Market Value	including automobile loans, r	revolving charge accounts, real ecessary. Indicate by (*) those of the subject property.	al estate loans, alimony, chi e liabilities, which will be sa	ild support, stock pledges, etc. atisfied upon sale of real estate
odd dope	,	\$			Monthly Payment & Months Left to Pay	
			Name and address of Co	ompany	\$ Payment/Months	\$
<b>List checking and savir</b> Name and address of Ban			Acct. no.			
			Name and address of Co	ompany	\$ Payment/Months	\$
Acct. no. Name and address of Ban	ık, S&L, or Credit	\$ : Union	Acct. no.			
*			Name and address of Co	ompany	\$ Payment/Months	\$
Acct. no. Name and address of Ban	ık, S&L, or Credit	\$ : Union	-			
			Acct. no.  Name and address of Co	ompany	\$ Payment/Months	\$
Acct. no.		\$	1	' '		
Name and address of Ban	ık, S&L, or Credit		1			
			Acct. no.		1	
					18.4 mah	<del> </del>
Acct. no.			Name and address of Co	ompany	\$ Payment/Months	\$
Stocks & Bonds (Compan & description)	y name/number	\$	Acct. no.			
Life insurance net cash va	alue	\$	Name and address of Co	ompany	\$ Payment/Months	\$
Face amount: \$				ļ		
Subtotal Liquid Assets		\$	]	l		
Real estate owned (enter from schedule of real esta	ate owned)	\$	Acct. no.			
Vested interest in retireme		\$	Name and address of Co	ompany	\$ Payment/Months	\$
Net worth of business(es) (attach financial statemer Automobiles owned (mak	nt) (e and vear)	\$	-			
		\$		l		
			Acct. no.			
Other Assets (itemize)		\$	Alimony/Child Support/S Payments Owed to:	Separate Maintenance	\$	
			Job-Related Expense (chetc.)		\$	
			Total Monthly Payme	nts	\$	
To	otal Assets a.	A	Net Worth		Total Liabilities b.	

VI. ASSETS AND LIABILITIES (cont'd)									
Property Address (enter S if sold, PS if pendin or R if rental being held for income)	g sale	Type of Property		esent et Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc.	Net Rental Income
			\$		\$	\$	\$	\$	\$
		Totals	\$		\$	\$	\$	\$	\$
Alternate Name				,	Creditor Name			Account Number	r
VII. DETAILS OF TRANSA	ACTION			If you one	swer "Yes" to any		ARATIONS		To a
a. Purchase price	\$				nuation sheet for o		irough i, pieas	Borrower Yes No	Co-Borrower Yes No
b. Alterations, improvements, repairs c. Land (if acquired separately)				a. Are the	re any outstanding j	judgments agains	st you?		
d. Refinance (incl. debts to be paid off)				b. Have yo	ou been declared ba	nkrupt within th	e past 7 years?		
e. Estimated prepaid items					ou had property fore reof in the last 7 yea		given title or dee	ed in	
f. Estimated closing costs					a party to a lawsui				
g. PMI, MIP, Funding Fee					ou directly or indire of title in lieu of fo				
h. Discount (if Borrower will pay)				mortgag	ge Ioans, SBA Ioan	ıs, home improv	ement loans, e	ducational loans	, manufactured
i. Total costs (add items a through h)				provide	home loans, any n details, including	date, name, an	d address of L	ender,	antee. If "Yes,"
j. Subordinate financing				FHA or	VA case number, if	any, and reason	s for the action.	)	
k. Borrower's closing costs paid by Seller					ı presently delinquer ner loan, mortgage				
I. Other Credits (explain)					ee? If "Yes," give				
				g. Åre you	obligated to pay all	imony, child sup	port, or separate	, <u> </u>	
				mainter h. Is any p	nance? part of the down pay	yment borrowed	?		
				i. Are you	ı a co-maker or endo	orser on a note?			
				j. Are you	ı a U.S. citizen?				
				k. Are you	ı a permanent reside	ent alien?			
m. Loan amount					I intend to occupy Ice? If "Yes," comp			y	
(exclude PMI, MIP, Funding Fee financed)					ou had an ownersh	•		e last ——	
n. PMI, MIP, Funding Fee financed				three ye	ears? lat type of property	· v did vou own -	- principal resid	dence	
o. Loan amount (add m & n)				(PF	(SH), second home (SH) w did you hold title	l), or investment	property (IP)?		_
p. Cash from/to Borrower				joir	ntly with your spous	se (SP), or jointly	with another p	erson —	_
(subtract j, k, l & o from i)  IX. ACKNOWLEDGEMENT AND AGREEMENT									
Each of the undersigned specifically represents to Lacknowledges that: (1) the information provided in the information contained in this application may result in this application, and/or in criminal penalties including, pursuant to this application (the "Loan") will be secure or use; (4) all statements made in this application are servicers, successors or assigns may retain the origins successors, and assigns may continuously rely on the material facts that I have represented herein should chamay, in addition to any other rights and remedies that the Loan and/or administration of the Loan account mahas made any representation or warranty, express or in containing my "electronic signature," as those terms at a facsimile of my signature, shall be as effective, enfor Acknowledgement. Each of the undersigned hereby acor obtain any information or data relating to the Loan.	nis applicacivil liabili but not li but not li do do ya mo made for al and/or a information application by be transplied, to re defined ceable and knowledge.	ation is truty, including mited to, if ortgage or the purpos an electror on contain to closing ever elating aferred wifme regard in application as it is that an item to the contain the c	e and correg monetary ine or impr deed of trus e of obtain inic record o ed in the ap of the Loar to such de h such noti ing the prop ble federal f a paper ve y owner of	ect as of the consistency of this apart of the consistency of the cons	late set forth opposite I and person who may subth under the provisions rty described in this appal mortgage loan; (5) the I am obligated to amend that my payments or ort my name and accourequired by law; (10) ne ndition or value of the publication were delivered ervicers, successors and	my signature and tuffer any loss due to sof Title 18, United blication; (3) the proe property will be o Loan is approved; (d and/or supplemen in the Loan become intermetion to or other Lender nor its roperty; and (11) m l video recordings), d containing my orig d assigns, may veriid or the soft the tender or	hat any intentional or reliance upon any I States Code, Sec. perty will not be us ccupied as indicate 7) the Lender and i it the information p delinquent, the Lenne or more consum agents, brokers, ins y transmission of the or my facsimile tran inal written signature.	or negligent misrep misrepresentation that 1001, et seq.; (2) sed for any illegal or d in this application; its agents, brokers, rovided in this application; its servicers, sure reporting agencies urers, servicers, sure application as an assmission of this application.	resentation of this nat I have made on the loan requested prohibited purpose (6) the Lender, its insurers, servicers, cation if any of the coessors or assigns; (9) ownership of coessors or assigns "electronic record" olication containing this application containing this application.
Borrower's Signature	or arry reg	Jillinate bu	Date	ose through ar	Co-Borrower's Sig		аррисации от а соп	Da <sup>-</sup>	•
X					X	<del>.</del>			
X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES									
The following information is requested by the Federal and home mortgage disclosure laws. You are not req information, or on whether you choose to furnish it. I ethnicity, race, or sex, under Federal regulations, this I wish to furnish the information, please check the box be state law for the particular type of loan applied for.)	uired to f f you furr ender is r	urnish this nish the in equired to	information, protection in the interior in the	n, but are end please provide formation on tl	ouraged to do so. The both ethnicity and race he basis of visual observ	law provides that a. For race, you ma vation and surname	a lender may not o y check more than if you have made t	discriminate either o one designation. If his application in pe	n the basis of this you do not furnish rson. If you do not
BORROWER I do not wish to furnish th	is informa	ition.			CO-BORROWER	I do not w	ish to furnish this in	nformation.	
Ethnicity: Hispanic or Latino American Indian or	Not Hi	spanic or L	atino Black	cor	Ethnicity:	Hispanic o		Not Hispanic or Latir	no Black or
Hace: Alaska Native Native Hawaiian or	Asian			an American	Race:	Alaska Na Native Ha	tive / waiian or	Asian	African American
Other Pacific Islander	White				Sex:	Other Pac	ific Islander\	White	
Sex: Female  To be Completed by Loan Originator:	Male				Jek.	Female		Male	
This information was provided:	In a fa	ace-to-fa	ce intervi	ew	By the applicant ar	nd submitted by	fax or mail		
Loan Originator's Signature	∐ In a to	elephone	interview	,	By the applicant ar	nd submitted via	e-mail or the In	ternet	
X	1	l a = ::	ladra s 4	lalamatici :					
Loan Originator's Name (print or type)					entifier Loan Originator's Phone Number (including area				ng area code)
Loan Origination Company's Name		Loan Or	igination	Company	identifier	Loan Origi	nation Compar	ny's Address	

Uniform Residential Loan Application Fannie Mae/Freddie Mac VMP ® Wolters Kluwer Financial Services Initials: \_

	D	CONTINUATION SHEET/RESIDENTIAL LOAN APPLICATION	
his continuation sheet if need more space to	Borrower:		Agency Case Number:
need more space to plete the Residential Loan cation. Mark <b>B</b> for over or <b>C</b> for Co-Borrower.	Co-Borrower:		Lender Case Number:

as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Borrower's Signature:

X

Co-Borrower's Signature:

X

Initials:

Fannia Mae Form 1003 7/05 (Rev. 6/09)



#### INFORMATION DISCLOSURE AUTHORIZATION

To Whom it May Concern:

I/We hereby authorize you to release to **First State Bank** for verification purposes, information concerning:

- Employment history, dates, title, income, hours worked, etc.
- Banking and Savings accounts of record.

Your prompt reply will help my Real Estate transaction.

- Mortgage or other loan rating (open date, high credit, payment amount, loan balance and payment record).
- Any information deemed necessary in connection with a consumer credit report for a Real Estate transaction.

This information is for the confidential use of this lender in compiling a mortgage loan credit report.

A photographic copy of this authorization (being a photographic copy of the signature(s) of the undersigned), may be deemed to be equivalent of the original and may be used as a duplicate original.

Thank you,

Signature

Signature

Signature

SS#

Date

#### PRIVACY ACT NOTICE:

This information is to be used by the agency collecting it in determining whether you qualify as a perspective mortgagor or borrower under its program. It will not be disclosed outside the agency without your consent except to your employer(s) for verification of employment or to financial institutions for verification of your deposits and loans as permitted by law. You do not have to give us this information.



## **Authorization to Release Abstract of Title**

To Whom It May Concern:	
I/We do hereby authorize you	to release any and all Abstract of Titles in the name o to the First State Bank
Signature	Date
Signature	



#### **Consumer Protection in Sales of Insurance Disclosure**

In connection with any insurance product or annuity solicited, offered or sold by or on behalf of First State Bank or any of its affiliates, any related application for credit by you may not be conditioned on either:

- a. Your purchase of an insurance product or annuity from or on behalf of First State Bank or any of its affiliates; or
- b. Your agreement not to obtain, or a prohibition or your obtaining an insurance product or annuity from an unaffiliated entity. You are free to purchase insurance products and annuities from another source.

This disclosure is to advise you that the purchase of any insurance product from or on behalf of First State Bank or any of its affiliates is not a deposit or other obligation of, or guaranteed by First State Bank or an affiliate of First State Bank.

The insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other federal government agency of the United States, First State Bank, or any affiliate of First State Bank.

Oral disclosure was given to consumer(s) (not required for transactions conducted elector by mail).  Customer(s) agree that by signing below they have received a copy of said disclosure.  Customer Signature/Acknowledgment  Date		
		not required for transactions conducted elect
	Customer(s) agree that by signing below th	ev have received a copy of said disclosure
Customer Signature/Acknowledgment Date	Customer(s) agree that by signing below the	ey have received a copy of said disclosure.
Customer Signature/Acknowledgment Date		
Customer Signature/Acknowledgment Date		
	Customer Signature/Acknowledgment	Date



#### ADDITIONAL INFORMATION FOR MORTGAGE LOAN APPLICATION

- Pay Stubs for One month, i.e. 3 if paid biweekly, 5 if paid weekly.
- Last 2 years W-2's.
- Last 3 months bank statements
- Copy of Purchase agreement
- Last statement on 401-k, IRA's.
- Last statement on investments
- Name of Attorney for title opinions
- Name of Insurance Agent/Agency
- Landlord name, address, and phone number for last 2 years
- Copy of photo ID
- If Self-Employed:

Copies of your last 2 years personal and business federal income tax returns -- signed.

Year-to-date profit and loss statement and balance sheet

#### • If you have been divorced:

Complete signed copy of all divorce decrees including any stipulations or modifications.

Proof of receipt of child support payments for the last 12 months (only if you intend to use this income to qualify for your mortgage loan or if you are required to pay child support)

#### • Additional Miscellaneous Information:

If you have graduated from high school or college during the last 2 years, enclose a copy of your diploma.

If during the past 2 years you have a gap in your employment of 30 days or more, include a letter explaining the reason for the gap in employment.

If you have sold your present home, you will need to provide a copy of your signed HUD-1 Settlement Statement showing the amount of proceeds (if the sale of your home is not yet complete, please provide your REALTOR's "Estimate of Proceeds".)

If you have rental property, provide a copy of your current lease and copies of your last 2 years signed federal income tax returns.

If you are receiving a "gift" for part of your down payment, do not deposit gift funds until you visit with us.

If you are being relocated by your employer, provide a copy of your company's relocation policy.

Phone: 641.435.4943

Web: www.fsb-nashua.com

Fax: 641.435.4959



## **Borrowers Commitment Form**

Thank you for applying for a home mortgage loan with First State Bank. We will do our part in making the mortgage loan process go as smoothly as possible but we do have a financial commitment that we will have to make on your behalf. We will incur appraisal costs, credit reports, abstracting bills, title reports, overnight fees, etc.

We have two options for you to choose from in regard to our commitment to you. Please check which ever one you feel most comfortable with:

- o \$1,000 Check or Money Order made out to First State Bank to be applied to the closing costs.
- O My/Our personal guarantee that we will pay for any fees or charges incurred with the mortgage loan through First State Bank.

If your loan is withdrawn from First State Bank for what ever reason you will only be charged for what has been done

Borrower Signature	Date	Co-Borrower Signature	Date



## Request for Verification of Deposit

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender - Complete items 1 through 8. Have applicant(s) complete item 9. Forward directly to depository named in item 1.  Depository - Please complete items 10 through 18 and return DIRECTLY to lender named in item 2.  The form is to be transmitted directly to the lender and is not to be transmitted through the applicant(s) or any other party.											
Part I - Request											
1. To (Name and address of depository)					2. From (N	ame and	d address	of lender)			
I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.											
3. Signature of lender 4. Titl				itle				5. Date	6. Lender's No. (Optional)		
7. Information To Be	Verified										
Type of Account	Account in Nan	ne of					Account	Number		Bala	ance
										\$	
										\$	
										\$	
										\$	
To Depository: I/We this information and to s responsibility is attached	upply the lender iden to your institution or	tified above with the in	l in my iformati	financial stateme ion requested in	ent that the bal Items 10 throu	ance on ough 13. Y	deposit wi Your respo	th you is as shown nse is solely a mat	above. ter of c	You are autiourtesy for v	horized to verify which no
8. Name and Address of Applicant(s)  9. Signature of Applicant(s)  X											
To Do Commission In	Danasitanı				X						
To Be Completed b	· · · · · · · · · · · · · · · · · · ·										
Part II - Verification  10. Deposit Account											
Type of Account	Account	Number	Curr	urrent Balance Ave			Average	Balance For Pre	wious .	Two Mos	Date Opened
Type of Account	Account	TVUTIDO					-			1 000 10103.	Date Opened
							\$				
				\$			\$				
			\$				\$				
11. Loans Outstandin	g To Applicant(s)		\$	\$							
Loan Number	Date of Loan	Original Amount		Current Balance		Installments(Monthly/Quarterly)		Secur	red By	No. of Late Pmts.	
		\$		\$		\$ per					
		\$		\$		\$		per			
\$ \$ \$ per											
12. Please include any additional information which may be of assistance in determination of credit worthiness. (Please include information on loans paid-in-full in item 11 above.)											
13. If the name(s) on the account(s) differ from those listed in Item 7, please supply the name(s) on the account(s) as reflected by your records.											
Part III - Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.											
14. Signature of Dep		tive		15. Title (Plea	se print or t	ype)				16. Date	
17 Plane mint out	no nomo sissa di t	itam 14		10 Dhana N	•						
17. Please print or ty	pe name signed in	ILCIII 14		18. Phone No	u.						

#### **Part III - Verification of Previous Employment**

21. Date Hired	23. Salary/Wage at Termi	23. Salary/Wage at Termination Per (Year) (Month) (Week)					
22. Date Terminated	Base	Overtime	Commissions	Bonus			
24. Reason for Leaving	•	25. Position Held					
		ere penalties for any fraud, intentional r mHA/FHA Commissioner, or the HUD/CPD	misrepresentation, or criminal connivance O Assistant Secretary.	or conspiracy purposed to influence the			
26. Signature of Employer		27. Title (Please print or type)	)	28. Date			
29. Print or type name signed in Item 2	26	30. Phone No.					

Verification of Employment Fannie Mae Bankers Systems™ Wolters Kluwer Financial Services

Form 1005 3/90 FNMA1005 12/15/2006 Page 2 of 2

Initials: \_\_\_

#### Form **4506-T** (Rev. January 2011)

#### **Request for Transcript of Tax Return**

OMB No. 1545-1872

Department of the Treasury Internal Revenue Service

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

18 Name shown on tax return. If a joint return, enter the name shown first.  18 If a joint return, enter spouse's name shown on tax return  29 Second social security number or individual taxpayer identification number (see instructions)  20 Second social security number or individual taxpayer identification number if joint tax return  30 Current name, address including apt., room, or suite no.), city, state, and ZIP code (See instructions)  41 Previous address shown on the last return filed if different from line 3 (See instructions)  52 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 (1940, 1056), 1120, etc.) and check the appropriate box below. Enter only one tax form number per requested. Enter the tax form number here (1940, 1056), 1120, etc.) and check the appropriate box below. Enter only one tax form number per requested. Enter the tax form number level (1940, 1056), 1120, etc.) and check the appropriate box below. Enter only one tax form number per requested.  6 Transcript requested. Enter the tax form number level (1940, 1056), 1120, etc.) and check the proportiate box below. Enter only one tax form number per request.  6 Transcript requested.  7 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: Your and the proportion of the financial status of the account, and a serial and a serial security and a serial security and a s	transci		free of charge. See the product list below. You can quickly request s at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.  Tax Return. There is a fee to get a copy of your return.
Turnent name, address fincluding apt., room, or suite no.), city, state, and ZIP code ISee instructions)  4 Previous address shown on the last return filed if different from line 3 (See instructions)  5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.  Caution: If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in thisse 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.  7 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 for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days.  9 Account Transcript, which contains information on the financial status of the account, such as payments made on the account, and as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.  9 Account Transcript, which contains information on the financial status of the account, such as payments made on the account, available for current year and 3 prior tax years. Most requests will be processed within 40 business days.  9 Verification of Nonfilling, which is proof from the IRS that you did not file a return for the year. Current year requests will be processed within 40 business days.  9 Verification of Nonfilling, which is proof from the IRS that you did not file a return for the year. Cur	1a Na	me shown on tax return. If a joint return, enter the name shown	individual taxpayer identification number, or
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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 10c 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 1099, 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 a payer. In the proper of the payer of the payer of the payer o	ref 10 for	lect changes made to the account after the return is processed 40 series, Form 1065, Form 1120, Form 1120A, Form 1120H, the current year and returns processed during the prior 3 processed.	Transcripts are only available for the following returns: Form Form 1120L, and Form 1120S. Return transcripts are available sing years. Most requests will be processed within 10 business
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.  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 middlyyyy 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 r	pe su	nalty assessments, and adjustments made by you or the IRS a ch as tax liability and estimated tax payments. Account tran	fter the return was filed. Return information is limited to items scripts are available for most returns. Most requests will be
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.  8 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 Implementation for the partner of taxpayer on line 1a or 2a.  1	c Re an	cord of Account, which is a combination of line item information d 3 prior tax years. Most requests will be processed within 30 ca	and later adjustments to the account. Available for current year endar days
data from these information returns. State or local information is not included with the Form W-2 information. The İRS 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.  Signature (see instructions)  Date  Signature (see instructions)  Date	ava	ailable after June 15th. There are no availability restrictions on	prior year requests. Most requests will be processed within 10
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.  Signature (see instructions)  Date  Title (if line 1a above is a corporation, partnership, estate, or trust)  Spouse's signature  Date	da to aft	ta from these information returns. State or local information is no provide this transcript information for up to 10 years. Informat er it is filed with the IRS. For example, W-2 information for 200 u need W-2 information for retirement purposes, you should of	ot included with the Form W-2 information. The IRS may be able ion for the current year is generally not available until the year 7, filed in 2008, will not be available from the IRS until 2009. If ontact the Social Security Administration at 1-800-772-1213.
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 days of signature date.  Sign  Note. For transcripts being sent to a third party, this form must be received within 120 Telephone number of taxpayer on line 1a or 2a  Signature (see instructions)  Date  Title (if line 1a above is a corporation, partnership, estate, or trust)  Date	Cautio	n: If you need a copy of Form W-2 or Form 1099, you should i	irst contact the payer. To get a copy of the Form VV-2 or Form
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.  Signature (see instructions)  Date  Title (if line 1a above is a corporation, partnership, estate, or trust)  Spouse's signature  Date	yea	ars or periods, you must attach another Form 4506-T. For req	d, using the mm/dd/yyyy format. If you are requesting more than four uests relating to quarterly tax returns, such as Form 941, you must
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Here Title (if line 1a above is a corporation, partnership, estate, or trust)  Spouse's signature Date	Sian	Signature (see instructions)	Date
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4507.0		Spouse's signature	Data
	For Pri		- 4500 T (D. 40044)

Form 4506-T (Rev. 1-2011)

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

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

If you filed an individual return and lived in:

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

Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO) RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335

Stop 6716 AUSC Austin, TX 73301

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.

512-460-2272

**RAIVS Team** 

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota,

address

RAIVS Team Stop 37106 Fresno, CA 93888

Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming 559-456-5876

Connecticut,
Delaware,
District of Columbia,
Maine, Maryland,
Massachusetts,
Missouri, New
Hampshire, New
Jersey, New York,
North Carolina, Ohio,
Pennsylvania, Rhode
Island, South Carolina,
Vermont, Virginia,
West Virginia

RAIVS Team Stop 6705 P-6 Kansas City, MO 64999

816-292-6102

#### Chart for all other transcripts

If you lived in or your business was in:

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

Alabama, Alaska,
Arizona, Arkansas,
California, Colorado,
Florida, Hawaii,
Idaho, Iowa,
Kansas, Louisiana,
Minnesota,
Mississippi,
Missouri, Montana,
Nebraska, Nevada,
New Mexico,
North Dakota,
Oklahoma, Oregon,
South Dakota, Texas,
Utah, Washington,
Wyoming, a foreign
country, or A.P.O. or
F.P.O. address

RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

801-620-6922

Connecticut,
Delaware, District of
Columbia, Georgia,
Illinois, Indiana,
Kentucky, Maine,
Maryland,
Massachusetts,
Michigan, New
Hampshire, New
Jersey, New York,
North Carolina,
Ohio, Pennsylvania,
Rhode Island, South
Carolina, Tennessee,
Vermont, Virginia,
West Virginia,

Wisconsin

RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

859-669-3592

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### HOME OWNERSHIP CONSELING NOTICE

NOTICE OF SECTION 169 HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1987. PLEASE READ THIS NOTICE. YOU MAY BE ELIGIBLE FOR FINANCIAL COUNSELING.

IF YOU ARE IN DEFAULT OR EXEPCT TO BE IN DEFAULT, ON A HOME SECURED BY YOUR PRINCIPAL DWELLING, YOU MAY BE ENTITLED TO HOME OWNERSHIP COUNSELING BY AN ORGANIZATION APPROVED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD). YOUR DEFAULT MUST BE DUE TO INVOLUNTARY LOSS OF, OR REDUCTION IN YOUR EMPLOYMENT INCOME OR THAT OF ANOTHER PERSON WHO CONTRIBUTS TO YOUR INCOME.

HUD-APPROVED COUNCELING IS AVAILABLE BY CALLING THIS TOLL FREE NUMBER: 1-800-569-4287

## BANK CONTACT INFORMATION

FIRST STATE BANK 401 MAIN STREET P.O. BOX 187 NASHUA, IOWA 50658

PHONE (641)435-4943 FAX (641)435-4959

First State Bank - NMLS#464157

## OFFICER CONTACT INFORMATION

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