

Alliance Financial Partners

Application Checklist

Business Name:	Date:
Address:	Phone:
	Fax:
Contact:	E-mail:

Our initial evaluation of your loan requires the following:

Personal Documents

- Applicants Information Sheet*
- Business History*
- Personal History (each 20% or more owner)*
- 3-years Federal Tax Returns-Owners (each 20% or more owner)
- Personal Finance Statement (each 20% or more owner)*
- If you have ever been charged with or convicted of any criminal offense other than a misdemeanor involving a minor vehicle violation, furnish details in a separate exhibit.

Business Documents

- 3-years Business Financial Statements (Balance Sheet & Income Statement)
- 3-years Business Federal Tax Returns
- Business Interim Financial Statement (Balance Sheet & Income Statement-not older than 60 days)
- Debt Schedule (as of Interim Financial Statement)*

Miscellaneous Documents

- Authorization to Conduct Credit Investigation (each 20% or more owner)*
- IRS Form 4506*

**Form enclosed in the Application Package*

"If the requested information is not provided within 30 days, your application will be considered "incomplete" and no further consideration to your application will be given. However, we will extend this time period for any reason, if you request. Additionally, you are encouraged to reactivate your application, at any time, by contacting us."



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Loan Application Documentation Explanation

INTERVIEW DOCUMENTS

Information About You and Your Business

This form provides some basic background information which assists in evaluating both the business eligibility and the business owners. The *Use of Proceeds* section identifies the requested loan amount and intended uses, as well as amount and source of owners contribution.

Business History

This form summarizes the progress of the business from inception to present. In the case of a start up business, this form summarizes the business plan.

Management Resume

This form to be completed by all owners of 20% or more of the business and any key management personnel, providing personal background information that helps determine management capability.

BUSINESS DOCUMENTS

3-Years Business Financial Statements

Year-end business financial statements are useful in the credit review. The financial statements may be prepared on a different accounting basis than the business tax returns. They may also provide more details than the business tax return. Up to three years business financial statements should be included where available. The business financial statements should include a Balance Sheet and an Income Statement.

3-Years Business Federal Tax Returns

Up to three years business tax returns must be included in the application package. The tax returns may consist of a personal Federal Tax Return including a schedule C if the business is a sole proprietorship. If the business is a partnership, corporation, LLC, etc., the appropriate complete Federal Tax Return should be included.

Business Interim Financial Statement

The business interim financial statement should be no older 60 days and should be as of a month-end. It should include a Balance Sheet and an Income Statement. This provides a recent financial picture of the business and may identify significant changes since the most recent fiscal year-end.

Debt Schedule (Business)

This schedule details outstanding business debt as represented on the business Balance Sheet as of the Interim Statement. The schedule should include the following for each debt: (1) Whom owed; (2) Original date; (3) Rate; (4) Maturity date; (5) Original amount; (6) Present balance owing*; (7) Monthly payment amount; (8) Collateral (if any).

***The sum of the loans' present balance owing must agree with the interim balance sheet.**

Aging of Accounts Receivable and Accounts Payable (Business)

If the business reflects accounts receivable and accounts payable on the Interim Balance Sheet, include an aging report. The totals on the reports should agree with the Interim Balance Sheet. The A/R aging may identify collection problems while the A/P aging may reflect slow pay of vendors by the applicant business.

PERSONAL DOCUMENTS

3-Years Personal Federal Tax Returns

To be provided by each owner of 20% or more of the business. Complete Tax Returns with all schedules are required.

Personal Financial Statement

This form is to be completed by each owner of 20% or more of the business. This form should be dated and signed.

MISCELLANEOUS DOCUMENTS

Authorization to Conduct Credit Investigation

To be completed and signed by each owner of 20% or more of the business. This form authorizes the obtaining of both Personal and Business Credit Reports.

IRS Form 4506

This form allows the Bank to obtain a transcript of the Federal Tax Return files. Provide a signed form 4506 for:

- Each 20% or more owner of the business;
- The applicant business;
- The seller of the business if the loan proceeds are to acquire an existing business, a signed 4506 must be provided.



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Applicant's Information Sheet

COMPANY NAME/DBA

TYPE OF BUSINESS

BUSINESS ADDRESS

DAYTIME PHONE

CITY

STATE

ZIP

ALTERNATE PHONE

USE OF PROCEEDS ADDRESS (if different than business address)

CITY

STATE

ZIP

PROPRIETORSHIP

PARTNERSHIP

CORPORATION

LLC

TRUST

BUSINESS TAX ID

OWNER / PRINCIPALS

Have you ever applied for government financing? If so please provide the name of the agency, original balance, and if loan is current

VESTING IF R/E PURCHASE

TITLE/ESCROW/ATTORNEY

BUSINESS BANK NAME/ADDRESS

USE OF PROPOSED LOAN

❖ Is the business involved in any pending lawsuits? Yes No

❖ Is the business or any owner(s) of the business affiliated with any other business? Yes No

❖ What Country is the business headquartered in? _____

Applicants Signature

Date:

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Business History

Company Name

Use Separate attachments to answer questions if necessary

NATURE OF BUSINESS

WHEN AND HOW WAS BUSINESS ESTABLISHED

TYPES OF PRODUCTS / SERVICES

CUSTOMER PROFILE

LIST KEY CUSTOMERS

LIST MAJOR COMPETITORS

MAJOR SUPPLIERS

GEOGRAPHICAL SALES AREA

MAJOR PAST ACCOMPLISHMENTS

FUTURE PLANS FOR GROWTH/EXPANSION

LIST KEY CUSTOMERS

LIST MAJOR COMPETITORS

HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

Will the Funding of the Loan Create New Employment Opportunities Yes No If YES, State how

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Applicant's Personal History

Complete all sections, using full first, middle and maiden names - no initials. If an item is not applicable, indicate. Duplicate form as needed. You may also include additional relevant information on a separate exhibit.

PERSONAL INFORMATION

PERSONAL INFORMATION				
First	Middle	Maiden Name	Last Name	
Social Security	Date of Birth	Place of Birth	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no give alien reg. #	
Residence Phone ()		Business Phone ()		
Residence Address		City	State	Zip How Long?
Previous Address		City	State	Zip How Long?
Spouse's First Name		Spouse's Middle Name		Spouse's Maiden Name Spouse's Last Name
Spouse's Social Security Number		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no give alien reg. #		
Are You employed by the U.S. Government? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, What Agency / Position?		
Have you ever been convicted, charged with or arrested for any criminal offense other than a minor motor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you or any officers in your company ever been involved in bankruptcy or insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you or your business involved in any pending or prior lawsuits? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes to any of the above, please furnish details in separate exhibit.				

EDUCATION

(College or Technical Training)

EDUCATION (College or Technical Training)			

MILITARY SERVICE BACKGROUND

Branch	From	To	Honorable Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No
Rank at Discharge	Major Assignment / Accomplishment		

WORK EXPERIENCE

(List Chronologically, beginning with present employment)

WORK EXPERIENCE (List Chronologically, beginning with present employment)			
1) Company Name / Location	From	To	Title
Duties			
2) Company Name / Location	From	To	Title
Duties			
3) Company Name / Location	From	To	Title
Duties			

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PERSONAL FINANCIAL STATEMENT

As of _____, _____					
Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.					
Name				Business Phone	
Residence Address				Residence Phone	
City, State, & Zip Code					
Business Name of Applicant/Borrower					
ASSETS			LIABILITIES		
(omit cents)			(omit cents)		
Cash on hand & in banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks & Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only.	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
(Describe in Section 5)			(Describe in Section 6)		
Other Assets	\$	_____	Other Liabilities	\$	_____
(Describe in Section 5)			(Describe in Section 7)		
Total	\$	_____	Total Liabilities	\$	_____
			Net Worth	\$	_____
			Total	\$	_____
Section 1. Source 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.					
*Alimony or child support payments need be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.					
Section 2. Notes Payable to Banks and Others. (Use Attachment if necessary. Each attachment must be identified as part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed.)					
		Property A	Property B	Property C	
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year					
Status of Mortgage					
Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)					
Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)					
Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)					
I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General.					
Signature:		Date:		Social Security Number:	
Signature:		Date:		Social Security Number:	
Please Note: The Estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact your broker at Alliance Financial Partners.					

Request for Transcript of Tax Return

(Rev. September 2005)

Department of the Treasury
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

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 a third party requires you to complete Form 4506-T, **do not** sign Form 4506-T if lines 6 and 9 are blank.

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. 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. 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 2003, filed in 2004, will not be available from the IRS until 2005. 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.

Sign Here		Date	Telephone number of taxpayer on line 1a or 2a ()
	Signature (see instructions)		
	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 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.

Note. If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

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:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810 978-691-6859
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team 3651 South Interregional Hwy. Stop 6716 Austin, TX 78741 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP SE 135 Philadelphia, PA 19255-0695 215-516-2931

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, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team Mail Stop 6734 Ogden, UT 84201 801-620-6922
Connecticut, Delaware, District of Columbia, 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 2800F 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 60 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 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. Sections 6103 and 6109 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-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

 **Alliance Financial Partners**
Notes & Comments