



IMPORTANT: Please sign and date the first page of each tax return or business financial statement that you submit with this application.

CHECKLIST	Please provide the following documents and information
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= Required With All Loan Application Packages

BUSINESS INFORMATION

- Business Financial Statements for the last 2 years
- Business Tax Returns for the last 2 years
- Business Interim Financial Statements (*current within 120 days*)
 ** Balance Sheet, Income Statement, and Agings of Accounts Receivable and Accounts Payable
- Business Debt Schedule (*form attached*)
- Projections (required for start-ups or businesses involved in a major expansion)(*form attached*)
- Month By Month Cash Flow Projection (Start-Ups only – *form attached*)

PERSONAL INFORMATION (for each individual with 20% or greater ownership)

- Personal Financial Statement (*current within 90 days – form attached*) – **May use bank form**
- Personal Federal Income Tax Returns (*for the last year*)
- Personal Information Sheet (*form attached*)

PROJECT COST INFORMATION

- Purchase Agreement Construction Cost Budget Equipment Bids

OTHER INFORMATION

- Affiliate Financial Statements (Federal Income Tax Returns for the last 2 years)
- Franchise Information - Franchise Agreement & FTC Disclosure Statement provided by Franchisor
- IRS Form 4506-T (form attached, please sign and date – we will fill out the rest of the form)
- Other _____

BUSINESS FINANCE GROUP INFORMATION

- Application Assistance Agreement
- Application Deposit payable to Business Finance Group Inc. - \$1,500.00

Business Finance Group Inc.
www.businessfinancegroup.org

Company Information	This is your Operating Business
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Business Name _____
 Street Address _____ Phone _____
 City, State, Zip _____ Fax _____
 Date Established _____ E-mail _____

Type of Entity (*check one*) Proprietorship Partnership LLC Corporation

of Current Employees _____ Estimated # of New Employees within the next 2 years _____

Ownership / Officers	⚠ IMPORTANT! Have there been any changes in the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name _____ Title _____ % Owned _____
 Name _____ Title _____ % Owned _____
 Name _____ Title _____ % Owned _____
 Name _____ Title _____ % Owned _____

Certifications	IMPORTANT! If "Yes" to any question below, please provide details below or in a separate exhibit. Ask your Business Finance Group loan officer for specific details required.
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- Yes No 1. Does the applicant entity have any ownership interest in, or control of, any other business?
- Yes No 2. Is the applicant entity involved in any lawsuits at this time?
- Yes No 3. Has the applicant entity ever filed for business bankruptcy protection?
- Yes No 4. Does the applicant entity now, or has it ever, had an SBA loan?
- Yes No 5. Does the applicant entity have any liens, judgments, tax liens, IRS payment plans, or past due taxes?

Current Lease Information	
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Yes No Do you have a lease for the property that your business currently occupies?

Monthly Rental Amount? \$ _____ Lease Maturity _____ Square feet _____

New Project Information	
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Name of Holding Entity – if different from your Operating Business _____
 Project Property Address _____
 City, State, Zip _____ County _____
 Total Square Footage _____ Square Footage your company will occupy _____
 Type of Entity LLC Partnership Trust Corporation Individually Husband & Wife
 Source of Downpayment Business Cash Personal Savings Home Equity Line of Credit Gift
 Other _____

Real Estate Ownership	
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Name _____ Title _____ % Owned _____
 Name _____ Title _____ % Owned _____
 Name _____ Title _____ % Owned _____
 Name _____ Title _____ % Owned _____

Tenants	If there are any tenants that will remain in the building, please provide the following information:		
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Tenant Name	Square Footage	Lease Expiration	Rent Amount



Business Finance Group Inc.

Financing Real Estate for Mid-Atlantic Businesses

Project Costs		
<input type="checkbox"/>	Land Acquisition	\$ _____
<input type="checkbox"/>	Site Improvements	\$ _____
<input type="checkbox"/>	New Construction	\$ _____
<input type="checkbox"/>	Existing Land & Building Purchase	\$ _____
<input type="checkbox"/>	Renovation Costs	\$ _____
<input type="checkbox"/>	Machinery & Equipment Purchase	\$ _____
<input type="checkbox"/>	Professional Fees	
<input type="checkbox"/>	Engineering	\$ _____
<input type="checkbox"/>	Architect	\$ _____
<input type="checkbox"/>	Certain Legal Costs	\$ _____
<input type="checkbox"/>	Certain Accounting Costs	\$ _____
<input type="checkbox"/>	Appraisal	\$ _____
<input type="checkbox"/>	Environmental Report	\$ _____
	Sub-total Professional Fees	\$ _____
<input type="checkbox"/>	Soft Costs	
<input type="checkbox"/>	Interest on Bridge Loan	\$ _____
<input type="checkbox"/>	Bank Closing Costs	\$ _____
<input type="checkbox"/>	Points on Bridge Loan	\$ _____
<input type="checkbox"/>	10% Contingency	\$ _____
	Sub-total Soft Costs	\$ _____
	TOTAL ESTIMATED PROJECT AMOUNT	\$ _____



Personal Information Sheet

IMPORTANT! This form must be completed in full by each officer, director, key employee, 20% or greater owner of the operating company and / or the real estate holding entity. Please make copies as needed.

Full Name _____ **SS#** _____
FIRST FULL MIDDLE MAIDEN LAST

Date of Birth _____ **Place of Birth** _____
MONTH DAY YEAR CITY STATE

Phone #s _____ **email** _____
RESIDENCE BUSINESS CELL PHONE

Residence Address _____
STREET, CITY, STATE, ZIP FROM - TO

Previous Address _____
STREET, CITY, STATE, ZIP FROM - TO

-Spouse's Full Name _____ **SS#** _____
FIRST FULL MIDDLE MAIDEN LAST

Work Experience | You may substitute a resume.

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Education | College or Technical Training

Name and Location | **Dates Attended (From/To)** | **Major** | **Degree or Certificate**

1. _____

2. _____

Certifications

- Yes** **No** 1. Are you a U.S. Citizen?
If "No," please provide a copy of your Alien Registration Card (front & back). We will also provide you a form for verification of your status with the Immigration and Naturalization Service (INS).
- Yes** **No** 2. Have you or any member of your household ever been employed by the U.S. Government or Military?
*If "Yes," name of person: _____ Relation: _____
 Agency/position/rank/grade: _____ Dates of service: _____*
- Yes** **No** 3. Are you presently under indictment, on parole, or on probation?
- Yes** **No** 4. Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses that have been dismissed, discharged, or not prosecuted?
- Yes** **No** 5. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, include adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation?
- Yes** **No** 6. Are you involved in any lawsuits at this time?
- Yes** **No** 7. Have you ever filed for business or personal bankruptcy protection?
- Yes** **No** 8. Do you now, or have you ever, had an SBA loan or had a loan from any other federal agency (*i.e.*; FHA, HUD, VA, student loan, etc.)?
- Yes** **No** 9. Do you have any ownership interest in, or control of, any other business?

If you answered "**YES**" to any of **questions 3-9** above, please provide details in a separate exhibit. Contact us for appropriate forms.

Indicate Gender (optional) Male Female

With which race do you most closely identify? Choose only one (optional):

- African American
- Hispanic
- Caucasian
- Puerto Rican
- Asian or Pacific Islander
- Multi-Ethnic
- Native American other than Eskimo or Aleut
- Eskimo and Aleut
- Other _____

Credit Report Authorization

I hereby authorize the release to Business Finance Group Inc. of any and all information at any time for any purpose related to my credit application/transaction. I further authorize Business Finance Group Inc. to release such information to any entity deemed necessary for any purpose related to my credit application/transaction. I hereby certify that the enclosed information (together with any attachments or exhibits) is valid and true, accurate and correct to the best of my knowledge.

Signature: _____

Date: _____



As of _____

IMPORTANT! If married, Federal Statute **REQUIRES** that this form **MUST** be completed and signed jointly

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 member of a Limited Liability Partnership, or (4) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (5) each member of a Limited Liability Company owning 20% or more interest, or (6) any other person or entity providing a guaranty on the loan.

Your Name and Spouse's Name _____	Residence Phone _____
Residence Address _____	Business Phone _____
City, State, & Zip Code _____	
Business Name of Applicant / Borrower _____	

ASSETS	LIABILITIES
Cash on Hand & in Banks..... \$ _____	Accounts Payable..... \$ _____
Savings Accounts..... \$ _____	Notes Payable to Banks & Others..... \$ _____
IRA or Other Retirement Accounts..... \$ _____	(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..... \$ _____
Other Personal Property..... \$ _____	(Describe in Section 6)
(Describe in Section 5)	Other Liabilities..... \$ _____
Other Assets..... \$ _____	(Describe in Section 7)
(Describe in Section 5)	Total Liabilities \$ _____
	Net Worth \$ _____
Total \$ _____	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 not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2 Notes Payable to Bank & Others Use attachments if necessary.

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

Section 3 Stocks and Bonds Use attachments if necessary.

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 attachments if necessary.

	Property A	Property B	Property C
Type of Property			
Address of Property			
Name of Property Owner			
Date Purchased			
Original Cost			
Present Market Value			
Name of Lender			
Loan Number			
Loan Balance			
Monthly Payment			
Status of Loan			
Rental Income Per Month			

Section 5 Other Personal Property and Other Assets

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 7 Other Liabilities Describe in detail.

Section 8 Insurance Held Give face amount and cash surrender value of policies - name of insurance and beneficiaries.

I authorize SBA/Business Finance Group Inc. 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 (Reference 18 U.S.C. 1001.)

Signature _____ **Date** _____ **SS#** _____

Signature _____ **Date** _____ **SS#** _____



	<u>Year 1</u>	<u>Year 2</u>
REVENUES		
COSTS OF GOODS SOLD		
GROSS PROFITS		
EXPENSES:		
Officers Salary		
Staff Salary		
Payroll Taxes		
Office Supplies		
Building Rent / Mortgage Payment		
Equipment Rental		
Repairs		
Insurance		
Bank Charges		
Vehicle Expenses		
Utilities		
Telephone		
Professional Fees		
Contracted Labor		
Dues & Subscriptions		
Advertising		
License & Taxes		
Depreciation & Amortization		
Lease Payments		
Interest Expense		
Other Expenses		
TOTAL EXPENSES		
OTHER INCOME / EXPENSE:		

NET INCOME		

Request for Transcript of Tax Return

- ▶ **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.**



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: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and 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 2006, filed in 2007, will not be available from the IRS until 2008. 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	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	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.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

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 Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
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, Iowa, Kansas, 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, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 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, 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, 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, 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 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 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. 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-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.