

ACCESS FLORIDA FINANCE CORPORATION



BLACK BUSINESS LOAN PROGRAM FINANCING APPLICATION

**2623 Blairstone Road
Tallahassee, Florida 32301
Phone: 850-765-0375
Fax: 850-270-1122**

Dear Business Owner:

Thank you for your interest in the FLORIDA BLACK BUSINESS SUPPORT CORPORATION (dba Access Florida Finance Corporation), (AFFC). AFFC is a 501(c)(3) nonprofit corporation responsible for leading economic development efforts in Florida's minority communities. Its mission is to strengthen Florida's economy by increasing the number of black-owned businesses and employment opportunities for black Floridians and the population in general. To achieve this mission, the FBBSC provides financing and procurement and technical assistance to black-owned businesses and entrepreneurs. Specific financing includes direct loans and loan guarantees.

To be considered for financing, a business or entrepreneur must satisfy the following criteria:

ELIGIBILITY REQUIREMENTS

- May be individuals, public or private organizations, or other legal entities, with authority to incur the debt and carry out the purpose of the loan.
- Must be residents of the State of Florida. In the case of an organization, at least 51 percent of the outstanding membership or ownership must be residents of the State of Florida.
- The business must be domiciled in the State of Florida.
- The proposed loan, loan guarantee, or investment is economically sound and will assist the black business enterprise in entering the conventional lending market, increasing opportunities for employment, and strengthening the economy of the state.
- The black business enterprise will be able to compete successfully in the private sector if the black business enterprise obtains the requested financial assistance and has obtained or will obtain appropriate and credible technical or managerial support through an organization approved by AFFC.
- Principals of the business who own, directly or indirectly, an interest in the business are not employees, members of the board of directors, or any close family relation of an employee or member of the board of directors of AFFC, the Florida Black Business Investment Board or the Office of Trade, Tourism and Economic Development, and are not elected officials (state, county and local government).
- Entrepreneurs must have experience in their selected industry
- Business must demonstrate the ability to repay the loan
- Business owner(s) must personally guarantee the loan
- The loan should provide a positive economic impact on the State of Florida's economy through retention or creation of full time jobs or through the increase of the business tax base.

LOAN AMOUNT

- There is no minimum or maximum loan amount. The decision is based upon the Eligibility Criteria, the borrower's character, credit score, collateral and cash flow projections. However, loan requests less than \$25,000 can be expedited under our Micro Loan Program and in the case of loan requests in excess of \$50,000, we will work with our financing partners to participate in the loan.

LOAN PURPOSES

- Commercial real estate acquisition/improvements
- New construction
- Machinery & equipment acquisition
- Franchise acquisition
- Existing business acquisition
- Business merger
- Expansion costs
- Working capital
- New business start-up
- Special purposes within the scope of AFFC's mission

Prior to submitting an application for financing, we encourage you to visit the following sources, which may provide information helpful to your business.

- Florida Small Business Development Center Network for business plan and business consulting assistance at www.FloridaSBDC.com or (850) 473-7800
- The U.S. Small Business Administration Small Business Tool Kit at www.sba.gov/starting_business/startup/guide.html
- Florida Trend Magazine on Growing A Small Business in Florida at <http://www.floridasmallbusiness.com>
- Internal Revenue Service - Taxpayer Education and Communication at www.irs.gov/businesses/small/index.html

Again, thank you for your interest in AFFC and please do not hesitate to contact us at (850) 765-0375 or www.AccessFlorida Finance.com if you have any questions or require additional information.

Very truly yours,

ACCESS FLORIDA FINANCE CORPORATION



by Mark A. Scovera
President

LOAN CHECKLIST

The following information should be submitted at the time of application. Additional information may be required.

FOR LOAN REQUESTS \$50,000 OR LESS:

1. This completed application.
2. Personal financial statements on all proprietors, partners and stockholders owning 10 percent or more of voting stock, and all guarantors must be provided. SBA Form 413 may be used for this purpose (Sample form attached).
3. Business plan.
4. Company tax returns, and if available, CPA- or company-prepared balance sheet and profit and loss statement for the previous three years. For change of ownership, provide seller's financial statements for past three years. In the case of a start-up, a significant detailed history of the principal's relevant industry experience.
5. Personal tax returns for three years on all proprietors, partners and stockholders owning 10 percent or more of voting stock, and all guarantors.
6. Current interim financial statement of business (balance sheet and income statement fewer than 60 days old).
7. Cash Flow projections for three years.
8. \$250 Application Fee.
9. If real estate is being purchased, a sales contract with all exhibits, copy of warranty deed and detailed list of personal property.
10. If project includes construction, copies of builders' contract or American Institute of Architects (AIA) form.
11. If project includes purchase of equipment, a copy of invoices or purchase orders for equipment.
12. Any other documentation requested by AFFC.

FOR LOAN REQUESTS GREATER THAN \$50,000:

1. Everything in "For Loan Requests \$50,000 or Less" from above, and;
2. Aging of accounts receivable– must be dated the same date as interim financial statements (if accounts receivable is to be considered as collateral).
3. Debt schedule – must be dated the same date as interim financial statements.
4. Property inspection report, if property is to be considered as collateral.
5. Environmental questionnaire, if collateral is commercial real estate. USDA Form 1940-20, *Request For Environmental Information*, which can be downloaded at: http://www.rurdev.usda.gov/NY/REAP/RD1940-0020_060400V01.pdf, can be used for this purpose.
6. Photographs, if collateral is real estate.
7. Copy of current leases and income/expense data (if non-owner occupied, non vacant commercial real estate).
8. IRS Form 4506-T completed and signed by any applicant required to provide a tax return. (Sample form attached).

PLEASE RETURN THE COMPLETED APPLICATION, ALONG WITH A CASHIER'S OR CERTIFIED CHECK OR MONEY ORDER IN THE AMOUNT OF \$250.00 (non-refundable) PAYABLE TO:

**Access Florida Finance Corporation
2623 Blairstone Road
Tallahassee, FL 32301**



ACCESS FLORIDA FINANCE CORPORATION BLACK BUSINESS LOAN PROGRAM APPLICATION

GENERAL INFORMATION

Operating Company Name		
Trade Name (DBA as registered with Fla. Div. of Corporations)		
Address		County
City	State	Zip Code
Phone Number		Fax Number
Operating Company Tax ID Number		
E-Mail Address		
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company or LLP		
Operating Company Start Date		
North American Industry Classification (NAICS) Code		
Standard Industry Classification (SIC) Code		
Existing or New Business? <input type="checkbox"/> Existing <input type="checkbox"/> New		Is business engaged in exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the proceeds be used for plant re-tooling or modernization of manufacturing facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a developer of affordable housing and community revitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your company involved in any bankruptcy/insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have any company officers been involved in bankruptcy/insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Where have you previously applied for financing and what was the reason for the turndown?		
Is project located in a community revitalization or redevelopment area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Is the project located in an area affected by federal budget cutbacks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Is the business at least 51% owned by Black Floridians? <input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCING PURPOSE

Commercial real estate acquisition/improvements	\$
New construction	\$
Machinery & equipment acquisition	\$
Franchise acquisition	\$
Existing business acquisition	\$
Business merger	\$
Expansion costs	\$
Working capital	\$
New business start-up	\$
Other Special purposes (please describe)	\$
TOTAL	\$

EQUITY PARTICIPATION SOURCE AMOUNT

Bank or financial institution		\$
Owner contribution		\$
Other source (please describe)		\$
TOTAL PROJECT COST (loan request + equity participation)		\$

JOB CREATION NUMBER AVERAGE PAYROLL

Current Employees		\$
Number of jobs to be created from financing		\$
Number of jobs to be retained from financing		\$

As part of this application, I/We understand that the Florida Black Business Support Corporation (dba Access Florida Finance Corporation) (AFFC) and its authorized agents may make inquiries they deem necessary in evaluating the loan request for the Applicant and Guarantors listed below. The Applicant and Guarantors authorize AFFC and its authorized agents to undertake the following:

1. Verify at any time any information submitted to AFFC by the Applicant, Guarantors, or their representatives or agents on their behalf.
2. Obtain further information concerning the credit standing of the Applicant and Guarantors.
3. Exchange such credit and application information with other agents or Federal Government Agencies as required by law or as AFFC deems necessary.

This authorization includes permission to obtain Business and Consumer Credit Reports on the Applicant and Guarantors at any time as deemed necessary by AFFC.

APPLICANT NAME

GUARANTOR NAME

GUARANTOR NAME

BY: _____, as

BY: _____, as

BY: _____, as

Title: _____

Guarantor

Guarantor

PRINCIPAL INFORMATION

(Please list information on all company principals, owners and loan guarantors. Anyone who co-signs for the loan or owns more than 10 percent of stock in the operating company should be listed as a principal. Use additional sheets if necessary.)

Principal 1

First Name	Full Middle Name	Last Name
Aliases or maiden names (If known by more than one name, please give dates)		
1	From: (Mo./Yr)	To: (Mo./Yr)
2	From: (Mo./Yr)	To: (Mo./Yr)
Title		
Ownership Percentage	Date of Birth	
Place of Birth	Social Security Number	
FL Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, at least 51% of the Company must be owned by Florida Residents.	Home Telephone Number	
Home Address		From: (Mo./Yr.) To: (Mo./Yr.)
City	State	Zip Code
Prior Home Address (if fewer than 10 years at above)		From: (Mo./Yr.) To: (Mo./Yr.)
City	State	Zip Code

DISCLOSURES

(It is important that the next three questions be answered completely. An arrest or conviction record will not necessarily disqualify you; however, an untruthful answer will cause your application to be denied. If you answer yes to any of the following three questions, furnish details on a separate sheet. Include dates, location, fines, sentences, whether misdemeanor or felony, dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information)

Are you presently under indictment, on parole or probation? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, indicate date parole or probation is to expire)
Have you been convicted for any criminal offense other than a minor motor vehicle violation in the last ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted, placed on pretrial diversion or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation in the last ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

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		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and 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	\$	_____
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	\$	_____
Total	\$	_____	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 not 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 attachments if necessary. Each attachment must be identified as a 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 a 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 7. Other Liabilities. (Describe in detail.)

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

I authorize SBA/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 (Reference 18 U.S.C. 1001).

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 Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

Request for Transcript of Tax Return

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

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

- a** **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b** **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
- c** **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7** **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
- 8** **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

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 RAVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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

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

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

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

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

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

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

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

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

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

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

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

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