

Personal Disclosure Form

Oregon State Lottery

Name

Business Name



Investigations Conducted By
Oregon State Police
Gaming Enforcement Division

**PERSONAL DISCLOSURE
GENERAL INSTRUCTIONS**

Hand-print or type an answer to every question. If a question does not apply to you, state N/A. If space available is insufficient, continue on a separate sheet and precede each answer with the appropriate title (and number). Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page as provided in lower, right-hand corner. By placing his/her initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

PLEASE ENCLOSE TWO (2) FINGERPRINT CARDS OF APPLICANT.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a contract or agreement.

The applicant is hereby advised that he/she is seeking the granting of a contract and that the burden of proving qualification for a favorable determination is at all times on the applicant. In compliance with Public Law 93-579 7 (5 USC 552(a)), you are hereby notified that the disclosure of your social security number is voluntary. It will be used to obtain a credit history and to check criminal history records. Your refusal to provide your social security number for this purpose will delay processing of your application.

**AFFIX A PHOTOGRAPH OF APPLICANT HERE
THAT WAS TAKEN WITHIN THE PAST YEAR**

Applicant's Initial_____

**PERSONAL INFORMATION
SECTION 1**

1. APPLICANT

Last Name		First Name		Middle Name	
Aliases (nicknames, maiden name, other name changes, legal or otherwise)					
Residence Address				City/State/Zip	
Employer/Address				City/State/Zip	
Occupation/Title		Work Phone		Home Phone	
				Cell Phone	
Birth Date		Place of Birth (City, County, State, Country)			
Height	Weight	Sex	Color of Hair	Color of Eyes	Complexion
Social Security Number		Driver's License Number		State	

Of what country are you a citizen? _____

2. MARITAL INFORMATION

What is your current marital status?

Single Married Separated Divorced Widowed Engaged

Current Marriage: _____

Date Place (City, County, State)

Spouse's Full Name		Maiden Name	
Residence Address		City/State/Zip	
Employer/Address		City/State/Zip	
Occupation/Title		Work Phone	
		Home Phone	
Social Security Number		Birth Date	
		Place of Birth	

Previous Marriages:

List the names and current addresses of previous spouses:

Name Birth Date Address (street, city, state, zip) Telephone #

Applicant's Initial _____

3. FAMILY INFORMATION

Children and Dependents: List all children, including stepchildren and adopted children and give the following information:

<u>Name</u>	<u>Birth Date</u>	<u>Residence Address (street, city, state, zip)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents: List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, or legal guardian. Indicate if retired or deceased and list last address and occupation.

<u>Name (Maiden)</u>	<u>Birth Date</u>	<u>Address (street, city, state, zip)</u>	<u>Occupation</u>
Father: _____	_____	_____	_____
Mother: _____	_____	_____	_____
Father-in-Law: _____	_____	_____	_____
Mother-in-Law: _____	_____	_____	_____

Brothers and Sisters/Step-Brothers and Step-Sisters: List names, residence addresses, dates of birth, and most recent occupations of brothers and sisters and step-brothers and step-sisters.

<u>Full Name (Maiden)</u>	<u>Birth Date</u>	<u>Address (street, city, state, zip)</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Initial _____

7. EMPLOYMENT AND BUSINESS ASSOCIATIONS

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment for the past 10 years. Also list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, owner, or related capacity. Mark "yes" under "Gaming Present" if gaming devices, including lottery tickets, were on the premises or if any form of gambling took place on the premises during the period of your employment.

Month and Year (From-To)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Gaming Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Supervisor's Name	Monthly Salary or Hourly Wage	Reason for Leaving
Month and Year (From-To)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Gaming Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Supervisor's Name	Monthly Salary or Hourly Wage	Reason for Leaving
Month and Year (From-To)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Gaming Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Supervisor's Name	Monthly Salary or Hourly Wage	Reason for Leaving
Month and Year (From-To)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Gaming Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Supervisor's Name	Monthly Salary or Hourly Wage	Reason for Leaving
Month and Year (From-To)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Gaming Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Supervisor's Name	Monthly Salary or Hourly Wage	Reason for Leaving
Month and Year (From-To)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Gaming Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Supervisor's Name	Monthly Salary or Hourly Wage	Reason for Leaving

If additional space is needed, continue on separate sheet.

Regarding the previously listed employment and business associations:

- a. Were you ever discharged, suspended, or asked to resign from employment? Yes No
- b. Within the last ten years, have you been charged with any infraction in relation to any employment which was the subject of any disciplinary action? Yes No

If yes to either question, provide details on a separate sheet as to each incident.

Applicant's Initial _____

8. CHARACTER REFERENCES

Provide five character references, over the age of eighteen, who have known you for five years or more. Do not include relatives, present employer, or employees.

Name		Home Address	
Employer		Work Address	
Home Phone	Work Phone	Cell Phone	Years Known
Name		Home Address	
Employer		Work Address	
Home Phone	Work Phone	Cell Phone	Years Known
Name		Home Address	
Employer		Work Address	
Home Phone	Work Phone	Cell Phone	Years Known
Name		Home Address	
Employer		Work Address	
Home Phone	Work Phone	Cell Phone	Years Known
Name		Home Address	
Employer		Work Address	
Home Phone	Work Phone	Cell Phone	Years Known

**LEGAL PROCEEDINGS
SECTION 2**

1. Have you ever been arrested, charged, indicted, or summoned to answer for any criminal offense, traffic crime, or violation for any reason whatsoever, regardless of the disposition of the event? (Except MINOR traffic citations.) Yes No

If yes, give details in space provided below. List all cases without exception, in any state.

Incident Date Age Charge Location (City, State) Disposition Arresting Agency

Applicant's Initial _____

2. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party or co-conspirator? Yes No

3. Have you ever received a pardon for any criminal offense? Yes No
 If yes, when? _____ City, County, State _____

4. Have you been a suspect or possible suspect in any crime? Yes No

5. Have you been convicted of a crime and...
 - a. Had the conviction "purged" from your record? Yes No
 - b. Been given a "deferred sentence?" Yes No
 - c. Been given a "diversion?" Yes No

6. Have you been the subject of a Grand Jury Investigation? Yes No

7. Have you ever entered into an agreement with any law enforcement agency or prosecutory agency to cooperate with them in lieu of you yourself being prosecuted? (Example: testifying for the prosecution, working as an informant, etc.) Yes No

If the answer to any of the above questions is yes, provide complete details, including date, location, law enforcement agency, city, county, state, charges, and circumstances.

8. Have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant? (other than divorces) Yes No
 If yes, list all cases without exception in any state, jurisdiction, or county.

<u>Plaintiff/Defendant</u>	<u>Court</u>	<u>Case Number</u>	<u>City, County, and State</u>	<u>Disposition</u>

9. Have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a defendant in any civil lawsuit which was predicated in whole or in part upon conduct which allegedly constituted a crime or crimes? Yes No
 If yes, furnish details on a separate page.

10. Have you as an individual, member of a partnership, owner, director, or officer of a corporation ever been a party to a bankruptcy filing? Yes No

11. Is there a tax lien on your income or assets? Yes No
 If yes, furnish details on a separate page.

Applicant's Initial _____

12. Have you ever held a privileged or professional license in any state, including but not limited to the following? Yes No

- | | |
|--------------------------------|---------------------------|
| Liquor | Boxing Promoter |
| Real Estate Broker or Salesman | Race Horse/Race Dog Owner |
| Accountant | Jockey |
| Lawyer | Trainer or Manager |
| Doctor | Securities Dealer |
| Gaming or Gambling | Alcohol Serving Permit |

If yes, list type of license, where, years held, and the nature of any disciplinary actions taken against you.

13. Have you ever held a financial interest in a race track, dog track, race horse or race dog, lottery, casino, bookmaking operation or pari-mutuel operation? Yes No

If yes, list when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners.

14. Have you ever owned, maintained, or operated any gaming operation? Yes No

If yes, list when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners. (Provide complete information on a separate sheet. Include a detailed description of any owners, ownership percentages, and locations or contracts held in any gaming operation.)

For questions 15-29, if the answer to any question is "Yes", provide complete details on a separate sheet and refer to the question by number.

15. Have you ever appeared before any licensing agency or similar authority in or outside the State of Oregon for any reason whatsoever? Yes No

16. Have you ever applied for, sought renewal of, received, been denied, have pending, or ever had revoked a gaming license of any kind in any state or jurisdiction? Yes No

17. Do you conduct any business in any state(s) or jurisdiction(s) including Oregon? (If "Yes", indicate nature of the business, its name and address for each state or jurisdiction.) Yes No

18. Do you have any contracts in any state or jurisdiction to supply gaming goods or services including but not limited to lottery goods and services? (If "Yes", indicate the nature of goods and services involved for each state or jurisdiction.) Yes No

Applicant's Initial_____

19. Have you ever held any federal, state, or local elective position? Yes No
20. Have you, within the past five years, contributed to any local, state, or federal political candidate or committee in this state where such contributions were reportable under any existing state or federal law? Yes No
21. Do you have a joint venture or other contractual agreement with any entity to supply any private businesses, Indian Tribes, state or jurisdiction with gaming goods or services? Yes No
22. Have you ever been the subject of any order, judgment, or decree of any court of competent jurisdiction permanently or temporarily enjoining your right to engage in any type of professional or business practice or activity? Yes No
23. Do you know of any economic interest held in your business by any person employed by or who is an official of the State of Oregon? Yes No
24. Do you have any relatives associated with or employed in the gaming, liquor, coin or token-operated gambling device industry? Yes No
25. Do you have any personal or business relationship with an Oregon Lottery employee or official? Yes No
26. Do you have a financial interest or ownership in any known Oregon Lottery vendor or contractor? Yes No
27. To the best of your knowledge, have you ever been employed by or associated with any business or person connected in any way with an illegal gambling or gaming enterprise? Yes No
28. Have you engaged in any type of unlawful gambling or gaming? Yes No
29. Have you ever served as a Lobbyist for any corporation or business? Yes No
If yes, provide details on a separate page, along with a copy of your Lobbyist registration form.

<p>SECTION 3</p> <p>RESPONSIBILITIES AND FINANCIAL INFORMATION</p>
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1. Describe your involvement in the management and/or operation of the business.
-
-
2. What are your responsibilities relating to the products or services the business will provide to the Oregon Lottery?
-
-

Applicant's Initial _____

3. Have you provided any loans, investment capital, monetary advances, or other extensions of credit to the applicant? Yes No

If yes, provide the amount, source, and attach a copy of any written agreement or a written summary of any verbal agreement. If additional space is needed, provide this information on a separate sheet of paper.

4. Has your ownership interest in the applicant been assigned or pledged as security to any person, creditor, or lending institution? Yes No

If yes, provide name of person, creditor, or lending institution and nature of agreement in the space provided and attach a copy of the written agreement or written summary of any verbal agreement. If additional space is needed, provide this information on a separate sheet of paper.

5. Have you ever been involved in any bankruptcy proceeding in any jurisdiction (other than as a creditor)? Yes No

If Yes, indicate the state or other judicial jurisdiction (district), date of filing of bankruptcy petition, type of bankruptcy proceeding, suit number, and disposition of suit. If additional space is needed, provide this information on a separate sheet of paper.

6. Have your Federal Income Tax Returns ever been audited? Yes No

If yes, provide year(s) in the space provided.

7. Have your State Income Tax Returns ever been audited? Yes No

If yes, provide year(s) in the space provided.

8. Have you ever been delinquent on any Federal, State or Parish/County Income Taxes owed? Yes No

If yes, indicate year(s), amount delinquent, and current disposition in the space provided.

Applicant's Initial _____

FINANCIAL RECORDS DISCLOSURE AUTHORIZATION

TO ANY FINANCIAL INSTITUTION:

I authorize and direct you to disclose any and all records and to deliver true copies thereof concerning or pertaining in any way to me or to the undersigned business to any law enforcement officer of the Oregon State Police, Gaming Enforcement Division. Disclosure is authorized for any civil, administrative, or criminal action which may be undertaken by the State of Oregon against me or any other person or business. Further, I authorize and direct you to honor a true copy of the original of this authorization as if the copy were the original itself.

NOTICE TO APPLICANT:

I understand that pursuant to ORS 192.560(2)(d), I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Major, Oregon State Police, Gaming Enforcement Division, 500 Airport Road, SE, Salem, Oregon 97301, certified mail, return receipt requested.

EXECUTED this _____ day of _____, 20____.

Applicant's Signature

Print Name

Applicant's Title

Subscribed and Sworn to before me
this _____
day of _____, 20____,
at _____,
City State

(SEAL)

Notary Public (Signature)

Print Name

My Commission Expires _____

Applicant's Initial _____

SWORN STATEMENT AND DEPOSITION

State of _____)
) ss.
County of _____)

I, _____, being duly sworn, depose and say that I have read the above and attached statements, documents, information, and organizational chart, and that they are true and correct to the best of my knowledge and belief. Further, this statement is executed with the knowledge that misrepresentation or failure to disclose made in the above disclosure may be deemed sufficient cause for the refusal by the Oregon State Police, Gaming Enforcement Division. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements, documents, information, and organizational chart may be grounds for the cancellation of an existing contract or agreement. Further, that I am voluntarily submitting this disclosure under oath with the full knowledge that Oregon Revised Statute 162.075, False Swearing, provides that, "(1) A person commits the crime of false swearing if the person makes a false sworn statement, knowing it to be false, and (2) False Swearing is a Class A Misdemeanor."

Signature

Printed Name Title

I, _____, do hereby certify that I have prepared this document on
Representative's Name
behalf of the vendor/company/applicant. That I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

Signature

Printed Name Title
Business Address: _____

Telephone Number: _____

Subscribed and Sworn to before me
this _____
day of _____, 20____,
at _____,
City State

(SEAL)

Notary Public (Signature)

Print Name

My Commission Expires: _____

Applicant's Initial _____

Request for Transcript of Tax Return

OMB No. 1545-1872

(Rev. January 2011)

Department of the Treasury
Internal Revenue Service

▶ 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 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. 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, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See 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.

Lottery Security Section/Oregon Lottery
PO Box 12649/Salem, OR 97309

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

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

- a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
- c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

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

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

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

Telephone number of taxpayer on line 1a or 2a

Sign Here	Signature (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can 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
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. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, 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
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
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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.