

STATE OF SOUTH DAKOTA



**COMMISSION ON GAMING**

87 Sherman Street  
Deadwood, SD 57732  
(605) 578-3074  
FAX (605) 578-2263

Dear Key Applicant:

Enclosed is an application and instruction sheet for a Key Employee License. This information is necessary to complete your background investigation prior to licensing.

A non-refundable application fee of \$150 has been established by the Commission on Gaming. A check or money order in this amount must be enclosed with your application and returned to the address above.

Upon completion of your background investigation you will be notified of your suitability for licensure. It may be necessary for you to appear before the Commission on Gaming prior to licensing. If that is necessary, personnel from the Commission will notify you. If you are approved for a Key license an additional \$150 license fee will be required and instructions for paying it and receiving your license will be provided.

Please be advised of the following rule: ARSD 20:18:06:03. Use of application fee -- Additional fee required. The application fee must be used to conduct the background investigation of the applicant and to defray administrative expenses. If the Commission or Executive Secretary determines that additional sums are needed to continue or complete the investigation of an applicant, the processing of the application must cease; and the Commission or the Executive Secretary must inform the applicant of the additional sums required. As soon as the applicant has furnished the additional sums, the processing must continue.

If you have any questions or concerns, please contact the Commission on Gaming at the above phone number and address.

Sincerely,

A handwritten signature in cursive script that reads "Larry B. Eliason".

LARRY B. ELIASON  
EXECUTIVE SECRETARY

## INSTRUCTIONS FOR KEY EMPLOYEE GAMING LICENSE

- ALL** information requested on South Dakota Commission on Gaming Key application must be completed.
  - Please print or type the information.
  - If a particular question does not apply to you, please indicate that with “N/A” instead of leaving it empty so it is clear that you have answered the question.
  - Application form must be initialed on each page and signed by the applicant.
- Please review and sign South Dakota Commission on Gaming Forms SDCG 2-2, Affirmation of Information Provided and SDCG 2-3, which authorizes the South Dakota Commission on Gaming or agents of the Division of Criminal Investigation to complete an investigation of your financial history.
- Please review and sign South Dakota Commission on Gaming form SDCG 2-4. This authorizes the Commission on Gaming or the Division of Criminal Investigation to complete a check of criminal records on you.
- It is necessary for you to submit a copy of your Internal Revenue Service Tax Returns for the past three years with this application. Included is IRS Form 4506-T, Request for Transcript of Tax Return. This form must be completed in full with your name signed and printed.
- FINGERPRINTS** - The Lawrence County Sheriff’s office will take your fingerprints and charge \$10.65 for that service. The Sheriff’s Office will take prints of applicants between **1:00 p.m. and 3:00 p.m. Tuesday, Wednesday and Thursday**. They will forward your entire application packet including application, fingerprints & \$150 check or money order to our office. **They will not accept cash for the application fee.** If you elect to have the Lawrence County Sheriff’s office take your fingerprints please complete the included Lawrence County Sheriff’s ***Gaming Packet Information Sheet***.
  - If you previously had your fingerprints submitted for a Support license, you must still complete the fingerprint cards to comply with SDCL 42-7B-19.2. Failure to do so may be grounds for denial of our Key license application.
  - If you are not having your fingerprints taken by the Lawrence County Sheriff’s Office, please contact our Deadwood office at (605)578-3074 so we can send you the two required cards that your local law enforcement agency can use in completing the fingerprint requirements.
- Be sure that **ALL FORMS ARE COMPLETED** prior to having your fingerprints taken.
- South Dakota Commission on Gaming Form 2-5 is to be completed by the law enforcement officer taking the fingerprints.
- The Lawrence County Sheriff’s Office will forward all application forms and fingerprint cards to the Commission on Gaming. If you are not being fingerprinted by the Lawrence County Sheriff’s office, please send the completed application, any additional information along with the application fee to the Deadwood office at **87 Sherman St, Deadwood, SD 57732**.
- If you have any questions concerning these forms or information requested, please contact the South Dakota Commission on Gaming at (605) 578-3074.

# KEY EMPLOYEE APPLICATION

## PERSONAL HISTORY INFORMATION

**DATE** \_\_\_\_\_

Hand print or type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page “8” or use a separate sheet and precede each answer with the appropriate title. 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 the lower right hand corner. By placing his/her initial on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history information 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 license.

All applicants are further advised that an application for a gaming license, finding of suitability or for other action may not be withdrawn without the permission of the Executive Secretary, South Dakota Commission on Gaming.

1. Type of Gaming License:      **KEY EMPLOYEE (\$150)**

2. Business Name:

\_\_\_\_\_

3. Personal Information:

Last Name		First Name			Middle Name		
Alias (i.e. Nicknames, Maiden Name, Other Name Changes)							
Present Mailing Address				City	State/Zip	Since (Date)	
Present Physical Address (If different then Mailing)				City	State/Zip	Since (Date)	
Occupation					Cell Phone		Home Phone
Date of Birth		Place of Birth (City, County, State)					
Soc. Security No.	Sex	Color of Hair	Color of Eyes	Weight	Height	Driver's Lic. No. & State of Issue	

Scars, tattoos or distinguishing marks and/or characteristics: \_\_\_\_\_

\_\_\_\_\_

Are you a citizen of United States?     YES             NO            If Alien, Reg. No. \_\_\_\_\_

If naturalized, Certificate No. \_\_\_\_\_ Place \_\_\_\_\_ Date \_\_\_\_\_

Contact email address \_\_\_\_\_

Applicant's Initial \_\_\_\_\_

4. Marital Information:

Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed [ ] Engaged [ ]

A. Current Marriage \_\_\_\_\_  
Date City, County, State

Spouse's Full Name (Maiden) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Street City State  
Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Nature of Action	City, County and State

List Names and Current Addresses of Previous Spouses:

Name	Street Address	City	State/Zip	Phone Number

5. Family Information:

Children and Dependents:

List all children, including step-children & adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

Applicant's Initial \_\_\_\_\_

6.

Education	Name of School	Location	Dates Attended	Graduate
Grade School				Yes [ ] No [ ]
High School				Yes [ ] No [ ]
College or University				Yes [ ] No [ ]
Other				Yes [ ] No [ ]

Type of degree obtained, if any: \_\_\_\_\_

7. Military Information:

Have you ever served in any armed forces? [ ] YES [ ] NO, If Yes, provide copy of DD-214  
 Branch: \_\_\_\_\_ Date of Entry-Active Service: \_\_\_\_\_  
 Date of Separation: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
 Rating at Separation: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 While in the military service were you ever arrested for an offense which resulted in summary action, a trial, or special or general Court Martial? [ ] YES [ ] NO  
 If yes, furnish details on a separate sheet.

8. Arrests, Detentions, and Litigations: (Include **ALL ARRESTS** – even those which you were not convicted or charges were later dismissed)

- A. Have you ever been questioned, detained, indicted, arrested or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event (Except MINOR traffic citations, but including reckless driving, DUI, or eluding) [ ] YES [ ] NO
- B. Have you ever been or are you now on parole/probation to any court? [ ] YES [ ] NO
- C. Have you ever received a pardon for any criminal act(s)? [ ] YES [ ] NO  
 (If so, give details on additional information sheet attached to this application. List all cases without exceptions.)
- D. 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 un-indicted party? [ ] YES [ ] NO
- E. Have you ever been subpoenaed to appear to testify before a federal, state or county grand jury, board or commission? [ ] YES [ ] NO
- F. Have you ever had a civil or criminal record expunged by a court order? [ ] YES [ ] NO  
 If yes, when? \_\_\_\_\_  
                     DATE                    CITY                    COUNTY                    STATE  
 (If yes, furnish details on additional information sheet.)

Date of Arrest	Age	Charge	Location – City and State	Disposition	Arresting Agency

Applicant's Initial \_\_\_\_\_

G. Has any member of your family or your spouse’s family ever been convicted of a felony?  YES  NO  
 If Yes, complete the following:

Name	Relationship	Charge	Location	Date

H. 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 a defendant?  YES  NO  
 (Other than divorces)  
 If Yes, give details below. List all cases without exception, including bankruptcies:

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

9. Residences:  
 List all residences you have had for the last 10 years starting with the most current:

Month & Year (From-To)	Street and Number	City	State

Applicant’s Initial \_\_\_\_\_

10. Employment:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of employment over the last 10 years. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity.

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present [ ] YES [ ] NO	
			Phone No. of Supervisor	

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present [ ] YES [ ] NO	
			Phone No. of Supervisor	

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present [ ] YES [ ] NO	
			Phone No. of Supervisor	

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present [ ] YES [ ] NO	
			Phone No. of Supervisor	

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present [ ] YES [ ] NO	
			Phone No. of Supervisor	

Applicant's Initial \_\_\_\_\_

11. Character References:

List three character references who have known you five years or more. Do not include relatives, present employer, or employees.

Name and Where Employed	Street	City	State/Zip	Phone No.	Years Known
Name:	Home:				
Employer:	Business:				

Name and Where Employed	Street	City	State/Zip	Phone No.	Years Known
Name:	Home:				
Employer:	Business:				

Name and Where Employed	Street	City	State/Zip	Phone No.	Years Known
Name:	Home:				
Employer:	Business:				

12. Have you ever held a privileged or professional license in any state, including but not limited to the following: (Please Circle)

- Liquor      Real Estate Broker or Salesman      Accountant      Lawyer      Doctor  
 Insurance      Racing Commission      Lottery Commission      Securities Dealer      Gaming  
 Other

[ ] YES    [ ] NO

If yes, state where, years held and nature of any disciplinary actions taken against you: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Have you ever held a financial interest in a gambling venture, including but not limited to, a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or card room, bingo parlor, pull tabs?    [ ] YES    [ ] NO

Applicant's Initial \_\_\_\_\_



If Yes, state when and where and give names and locations of the business(es) in which you were involved and the names and addresses of all partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Have you ever been refused a gaming license or related finding of suitability or been a participant in any group which has been denied a gaming license or related finding of suitability?  YES  NO

For selling alcoholic beverage?  YES  NO

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license by any state?  YES  NO

If Yes, state type of license, name of establishment, location and period such license was held: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Do you have any relatives associated with or employed in the gaming industry (this includes the State Lottery and Racing)?  YES  NO

If yes, state name, relation, address, association or employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Initial \_\_\_\_\_



**PERSONAL FINANCIAL QUESTIONNAIRE**

Name \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_\_

Address \_\_\_\_\_

Place of employment:

\_\_\_\_\_ Trade Name

1. Have you ever filed bankruptcy?  YES  NO  
If Yes, furnish details on a separate sheet.
2. Has your Federal Income Tax Return ever been audited or adjusted?  YES  NO
3. Last Federal Income Tax Return was filed \_\_\_\_\_, 20 \_\_\_\_\_ for year \_\_\_\_\_ at

\_\_\_\_\_ City State

**IT IS NECESSARY FOR YOU TO SUBMIT A COPY OF YOUR INTERNAL REVENUE SERVICE RETURNS FOR THE PAST THREE YEARS WITH THIS APPLICATION.**

4. Do you own or control any assets or liabilities located outside the United States?  YES  NO
5. Do you control, manage or hold in trust any assets or liabilities for another person or entity?  
 YES  NO

6. Annual Income \_\_\_\_\_

Salary \_\_\_\_\_

Interest \_\_\_\_\_

Dividends \_\_\_\_\_

Other (Describe in Detail) \_\_\_\_\_

7. Do you own your own home?  YES  NO

If mortgaged, who with \_\_\_\_\_  
Name Address City State Zip

How much is the mortgage? \$ \_\_\_\_\_

Applicant's Initial \_\_\_\_\_

8. Do you rent your home? [ ] YES [ ] NO

If yes, give name, address and phone number of landlord:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

9. Please list three credit references:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Applicant's Initial \_\_\_\_\_

## PERSONAL NET WORTH

**AS OF** \_\_\_\_\_ **20** \_\_\_\_\_

List all assets, liabilities and net worth on the appropriate line below.  
Enter the current value as of the date of this statement.

**Current Assets:**

Cash on Hand	
Cash in Banks (Schedule A)	
Accounts and Notes Receivable	

**Investments:**

Stocks and Bonds	
Business Investments	

**Fixed Assets:**

Real Estate	
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**Other Assets:**

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<b>TOTAL ASSETS</b>	<b>\$</b> _____
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**Current Liabilities:**

Accounts Payable (Schedule B)	
Taxes Payable	

**Long Term Liabilities:**

Notes Payable (Schedule B)	
Mortgages Payable	
Other Liabilities	

<b>TOTAL LIABILITIES:</b>	<b>\$</b> _____
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<b>NET WORTH:</b>	<b>\$</b> _____
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**TOTAL ASSETS MINUS TOTAL LIABILITIES EQUALS NET WORTH**

Applicant's Initial \_\_\_\_\_

**SCHEDULE "A"**

**CASH IN BANKS**

List below all accounts, foreign and domestic, maintained by you, your spouse or dependent children.

Name and Address of Bank	Name of Persons Appearing on Account	Account No.	Date Opened	Interest Rate	Type of Account	Balance as of (Date)

**SCHEDULE "B"**

**ACCOUNTS AND NOTES PAYABLE**

List below all accounts and notes payable held by you, your spouse or dependent children. Indicate by means of an asterisk (\*) in the first column, accounts and notes payable held by your spouse and/or dependent children.

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment/Period	Interest Rate	Maturity Date	Purpose	Collateral

Applicant's Initial \_\_\_\_\_

**AFFIRMATION OF INFORMATION PROVIDED**

I, \_\_\_\_\_, declare and affirm under penalties of perjury that this application, and all of the statements, attachments, supporting schedules, and documents have been examined by me, and to the best of my knowledge and belief, are in all things true and correct. I understand that any person who signs such a statement knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

This statement is executed with the knowledge that misrepresentations or failure to reveal information requested may be deemed sufficient cause for refusal to issue a gaming license by the South Dakota Commission on Gaming. Further I am aware that later discovery of an omission or misrepresentation made in the above application, statements or attachments may be grounds for revocation of the license and possible criminal prosecution. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a South Dakota Gaming License. I also agree that the State of South Dakota, its agencies officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, the background investigation or in pursuing any other remedy provided by law including but not limited to reasonable attorney fees and costs.

Further, I acknowledge my obligation to furnish all processes and pleadings to which I am a party as required by SDCL 42-7B-65.

\_\_\_\_\_  
Signature Date

Applicant's Initial \_\_\_\_\_

## INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorize the State of South Dakota through its authorized representatives, the Commission on Gaming, the Office of the Attorney General, the Division of Criminal Investigation, (hereafter, the Investigatory Agencies), to conduct a complete investigation into my personal background, using whatever legal means it deems appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization, a financial records check will be performed, prior to the issuance of any gaming license and may be performed at any time that I hold a gaming license. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, not limited to, but to include, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located.

It is hereby understood that the Investigatory Agencies will conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. The Investigatory Agencies reserve the right to investigate all relevant information and facts to its satisfaction. However, the State of South Dakota, Investigatory Agencies, and other agents or employees of the State of South Dakota shall not be held liable for the receipt, use, or dissemination of inaccurate information. I on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of South Dakota, Investigatory Agencies, and other agents or employees of the State of South Dakota for any damages resulting from any use, disclosure, or publication in any manner, other than willfully unlawful disclosure or publication, of any material or information.

Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, the gaming regulatory agency of any Indian Tribe, or any foreign country.

All information gathered as a result of this investigation will be held confidential by the Investigatory Agencies, with the exception of law enforcement agencies stated above as provided by SDCL 42-7B-58.

FULL LEGAL NAME: \_\_\_\_\_  
(PLEASE PRINT) (LAST) (FIRST) (MIDDLE)

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_



## AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, hereby authorize the Division of Criminal Investigation for the State of South Dakota to release to State Gaming Commission any information concerning me contained in the criminal history record files of the Division. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released, even though this record is designated as “non-public” under the provisions of 23A-27-17.

In consideration for the Division of Criminal Investigation releasing any information concerning me contained within its criminal history record files to State Gaming Commission, I, \_\_\_\_\_, on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Division of Criminal Investigation, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

I understand that the applicant’s fingerprints will be used to check the criminal history records of the FBI and the applicant will have the opportunity to complete, or challenge the accuracy of, the information contained in the FBI record. The procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., §16.34.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Applicant’s Initial \_\_\_\_\_

## VERIFICATION OF FINGERPRINTS

The enclosed fingerprint card(s) are the prints of \_\_\_\_\_  
\_\_\_\_\_, taken by me.

NAME: \_\_\_\_\_  
(print)

TITLE: \_\_\_\_\_  
(print)

OFFICE: \_\_\_\_\_  
(print)

SIGNED: \_\_\_\_\_

Applicant's Initial \_\_\_\_\_

### Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**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](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" 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.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> 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. <div style="text-align: center; color: blue;">         South Dakota Commission on Gaming, 87 Sherman Street, Deadwood, SD 57732       </div>	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**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 1120-A, Form 1120-H, Form 1120-L, 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 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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.

/	/	/	/
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**Caution:** Do not sign this form unless all applicable lines have been completed.

**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, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

<b>Signature</b> (see instructions)	Date
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
<b>Spouse's signature</b>	Date

Phone number of taxpayer on line 1a or 2a