



Step by Step Guide for SBA Disaster Economic Injury Loan Application

- Apply online from the SBA Disaster Loan website:
<https://covid19relief.sba.gov/#/>
 - SBA online application contains questions from the following SBA Form 5 – Business entity /5C – Sole Prop / P-019. It is highly recommend for you to answer or prepare these questions ahead of time before logging onto the website.
 - An option to avail the SBA Emergency Grant up to \$10K will appear toward the end of the application process. If you choose to avail this option, please have your financial institution routing number and checking account number ready and on hand.



OMB Control #3247-0406
Expiration Date: 09/30/2020

Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Non-profits, Homeowners and Renters

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

DISCLOSURES

BUSINESS INFORMATION

BUSINESS OWNERS INFORMATION

ADDITIONAL INFORMATION

SUMMARY

STREAMLINED PROCESS REQUIREMENTS

SBA is collecting the requested information in order to make a loan under SBA's Economic Injury Disaster Loan Program to the qualified entities listed in this application that are impacted by the Coronavirus (COVID-19). The information will be used in determining whether the applicant is eligible for an economic injury loan. If you do not submit all the information requested, your loan cannot be fully processed.

The Applicant understands that the SBA is relying upon the self-certifications contained in this application to verify that the Applicant is an eligible entity to receive the advance, and that the Applicant is providing this self-certification under penalty of perjury pursuant to 28 U.S.C. 1746 for verification purposes.

The estimated time for completing this entire application is two hours and ten minutes, although you may not need to complete all parts. You are not required to respond to this collection of information unless it displays a currently valid OMB approval number.

ELIGIBLE ENTITY VERIFICATION

Choose One:

☒ Applicant is a business with not more than 500 employees.

☐ Applicant is an individual who operates under a sole proprietorship, with or without employees, or as an Independent contractor.

☐ Applicant is a cooperative with not more than 500 employees.

☐ Applicant is an Employee Stock Ownership Plan (ESOP), as defined in 15 U.S.C. 632, with not more than 500 employees.

☐ Applicant is a tribal small business concern, as described in 15 U.S.C. 657a(b)(2)(C), with not more than 500 employees.

☐ Applicant is a business, including an agricultural cooperative, aquaculture enterprise, nursery, or producer cooperative, that is small under SBA Size Standards found at <https://www.sba.gov/size-standards>.

☐ Applicant is a business with more than 500 employees that is small under SBA Size Standards found at <https://www.sba.gov/size-standards>.

☐ Applicant is a private non-profit organization that is a non-governmental agency or entity that currently has an effective ruling letter from the IRS granting tax exemption under sections 501(c)(d), or (e) of the Internal Revenue Code of 1954, or satisfactory evidence from the State that the non-revenue producing organization or entity is a non-profit one organized or doing business under State law, or a faith-based organization.

- **TIP:** No save feature on the website, information will be lost if not submit all at once.



- After all information have been entered and submitted, you will receive an application number. Keep this number for reference and your record.
- Additional information might be requested upon review and vary on a case by case basis. Factors, such as loan amount requested and other factors, such as credit can determine what other information might be requested. It is highly recommended that these document to be prepared ahead of time and made available when requested.
 - For the Business Entity -
 - ✓ Schedule of Liabilities Form 2202 – All business Liabilities, such as accounts payable, vendor payment, Taxes payable, such as GRT, Payroll Tax, short term note payable, line of credit, long term note payable, and misc. payment to others.
 - ✓ Request for Transcript of Tax Return Form 4506-T - Signed by authorized individual from the business, such as CEO, President, or VP, CFO, Managing Partner, Managing Member. For general partnership, a separate form will need to be completed for the business from each general partner
 - For individual owners or entity with 20% or more ownership -
 - ✓ Personal Financial Statement Form 413 – Owner Personal Assets and Personal Liabilities
 - ✓ Request for Transcript of Tax Return Form 4506-T - Signed by individual owner
 - NOTE: If there are affiliations between businesses, each affiliate will need to complete one Request for Transcript of Tax Return Form 4506-T
 - If anyone assisted you in preparing this loan application package and charged your business a fee, Complete SBA Form 159D Fee Disclosure Form and Compensation Agreement.




- Financial Statement and/business tax returns for the latest three years - 2019, 2018, 2017, or 2016 whichever are available and most current
 - Three years Individual Income Tax Returns, 2018, 2017, and 2016 with ownership with 20% or more
 - SBA Form 1368 Additional Filing Requirements Form - financial Projection of expenses your business has to pay for the next few months, rent, utilities, accounting, marketing, and many other expenses...
 - Written explanation of the amount you are seeking and how it will be used. Describe obligation that you will have to pay regardless if your business has customers or not.
 - Other documents, GRT Filings from previous year, other documentation pertaining to collaterals, and others.
- Other methods of submission for SBA EIDL application are as follows:
 - Email application to disasterloans@sba.gov
 - Mail application to U.S. Small Business Administration, Processing & Distribution Center, Attn: ELA Mail Department, P.O. BOX 156119, Fort Worth, TX 76155

Due to the large demand of submission, do not go onto the site until you are completely ready to submit! Standard response time for this type application is within 2-3 weeks; however, due to large amount of request, processing time could be longer.

For additional information, such as Status Update or Questions, please contact SBA Disaster Assistance Customer Service Center – Call 1-800-659-2955 or email disastercustomerservice@sba.gov



SBA Form 5

		U.S. Small Business Administration DISASTER BUSINESS LOAN APPLICATION		OMB No. 3245-0017 Expiration: 09/31/2021	
FOR SBA INTERNAL USE ONLY				Date Received _____ Location _____ By _____	
Physical Declaration Number				Filing Deadline Date	
Economic Injury Declaration Number				Filing Deadline Date	
FEMA Registration Number (If known)				SBA Application Number	
1. ARE YOU APPLYING FOR:					
<input type="checkbox"/> Physical Damage -- Indicate type of damage <input type="checkbox"/> Real Property <input type="checkbox"/> Business Contents			<input type="checkbox"/> Military Reservist EIDL (MREIDL) (complete the following) * Name of Essential Employee _____ * Employee's Social Security Number _____		
<input checked="" type="checkbox"/> Economic Injury (EIDL)					
PLEASE PROVIDE ALL INFORMATION OR DOCUMENTATION REQUESTED IN THE ATTACHED FILING REQUIREMENTS. * For information about these questions, see the attached Statements Required by Laws and Executive Orders. Apply online at https://disasterloan.sba.gov/ela/ OR send completed applications to: U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, Texas 76155					
2. ORGANIZATION TYPE *Sole Proprietors should complete form 5C					
<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Entity <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
3. APPLICANT'S LEGAL NAME			4. FEDERAL E.I.N. (if applicable)		
5. TRADE NAME (if different from legal name)			6. BUSINESS PHONE NUMBER (including area code)		
7. MAILING ADDRESS <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Temp <input type="checkbox"/> Other _____					
Number, Street, and/or Post Office Box		City		County	State Zip
8. DAMAGED PROPERTY ADDRESS(ES) (If you need more space, attach additional sheets.) <input type="checkbox"/> Same as mailing address <input type="checkbox"/> Owned <input type="checkbox"/> Leased					
Number and Street Name		City		County	State Zip
9. PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO CONTACT FOR:					
Loss Verification Inspection			Information necessary to process the Application		
Name _____			Name _____		
Telephone Number _____			Telephone Number _____		
10. ALTERNATE WAY TO CONTACT YOU					
<input type="checkbox"/> Cell Number _____			<input type="checkbox"/> E-mail _____		
<input type="checkbox"/> Fax Number _____			<input type="checkbox"/> Other _____		
11. BUSINESS ACTIVITY:			12. NUMBER OF EMPLOYEES (pre-disaster):		
13. DATE BUSINESS ESTABLISHED:			14. CURRENT MANAGEMENT SINCE:		
15. AMOUNT OF ESTIMATED LOSS: If unknown, enter a question mark			<input type="checkbox"/> Real Estate <input type="checkbox"/> Inventory <input type="checkbox"/> Machinery & Equipment <input type="checkbox"/> Leasehold Improvements		
16. INSURANCE COVERAGE (IF ANY) (If you need more space, attach additional sheets.)			Coverage Type:		
Name of Insurance Company and Agent					
Phone Number of Insurance Agent			Policy Number		



17. OWNERS (Individuals and businesses.) (If you need more space attach additional sheets.)		Complete for each: 1) proprietor, 2) limited partner who owns 20% or more interest and each general partner, or 3) stockholder or entity owning 20% or more voting stock.			
Legal Name		Title/Office	% Owned	E-mail Address	
SSN/EN*	Marital Status	Date of Birth*	Place of Birth*	Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address		City	State	Zip	
Legal Name		Title/Office	% Owned	E-mail Address	
SSN/EN*	Marital Status	Date of Birth*	Place of Birth*	Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address		City	State	Zip	
* For information about these questions, see the attached Statements Required by Laws and Executive Orders.					
Business Entity Owner Name		EIN	Type of Business	% Ownership	
Mailing Address		City	State	Zip Code	
E-mail Address			Phone		
18. For the applicant business and each owner listed in item 17, please respond to the following questions, providing dates and details on any question answered YES (Attach an additional sheet for detailed responses).					
a. Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawsuits against them? <input type="checkbox"/> Yes <input type="checkbox"/> No					
c. In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No					
d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, FHA, VA, student, etc.), Federal contracts, Federal grants, or any child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No					
f. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, ACE, or Advisory Council? <input type="checkbox"/> Yes <input type="checkbox"/> No					
g. Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans? <input type="checkbox"/> Yes <input type="checkbox"/> No					
19. Regarding you or any joint applicant listed in Item 17:					
a) are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) have you been arrested in the past six months for any criminal offense; c) for any criminal offense - other than a minor vehicle violation - have you ever: 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____					
20. PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event). It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures before any loan increase. By checking this box, I am interested in having SBA consider this increase. <input type="checkbox"/>					
21. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.					
Name and Address of Representative (please include the individual name and their company)					
(Signature of Individual)			(Print Individual Name)		
(Name of Company)			Phone Number (include Area Code)		
Street Address, City, State, Zip			Fee Charged or Amount Repaid		
Unless the NO box is checked, I give permission for SBA to discuss any portion of this application with the representative listed above. NO <input type="checkbox"/>					
AGREEMENTS AND CERTIFICATIONS					
On behalf of the undersigned individually and for the applicant business:					
I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application. If my/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds.					
I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan.					
I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross, Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.					
I/We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.					
I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We have not paid anyone connected with the Federal government for help in getting this loan.					
CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.					
WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.					
SIGNATURE		TITLE		DATE	



Form 5C for Sole Prop

U. S. Small Business Administration DISASTER HOME / SOLE PROPRIETOR LOAN APPLICATION		OMB No. : 3245-0018 Expiration: 07/01/2021
SBA Application Number: <input type="text"/> FEMA Registration Number: <input type="text"/> Filing Deadline: <input type="text"/> Declaration Number: <input type="text"/>		Date Received: <input type="text"/> Location: <input type="text"/> By: <input type="text"/>
ARE YOU APPLYING FOR:		
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Sole Proprietor - Physical Damage <input checked="" type="checkbox"/> Sole Proprietor - Economic Injury		
INFORMATION ABOUT THE APPLICANT(S)		
Primary Applicant		Joint Applicant
First Name <input type="text"/> Middle Name <input type="text"/>		First Name <input type="text"/> Middle Name <input type="text"/>
Last Name <input type="text"/> Suffix <input type="text"/>		Last Name <input type="text"/> Suffix <input type="text"/>
Social Security Number <input type="text"/> Date of Birth <input type="text"/>		Social Security Number <input type="text"/> Date of Birth <input type="text"/>
Household Size <input type="text"/>		
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Not Married		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Not Married
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an SBA Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an SBA Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT INFORMATION		
Check your preferred method of contact:		Check your preferred method of contact:
E-mail Address <input type="text"/> <input type="checkbox"/>		E-mail Address <input type="text"/> <input type="checkbox"/>
Cell Phone <input type="text"/> <input type="checkbox"/>		Cell Phone <input type="text"/> <input type="checkbox"/>
Home Phone <input type="text"/> <input type="checkbox"/>		Home Phone <input type="text"/> <input type="checkbox"/>
Work Phone <input type="text"/> <input type="checkbox"/>		Work Phone <input type="text"/> <input type="checkbox"/>
Closest Relative Not Living With You: Name <input type="text"/> Phone Number <input type="text"/>		
DAMAGED PROPERTY ADDRESS additional damaged properties added in "additional comments" section		DAMAGED PROPERTY INFORMATION
Address <input type="text"/>		Do you own or rent this property? <input type="checkbox"/> Own <input type="checkbox"/> Rent
City <input type="text"/> County <input type="text"/> State <input type="text"/> Zip <input type="text"/>		Is this property your Primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Damage: <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Automobile		If No, please select from the list below:
MAILING ADDRESS if different than the damaged property address.		<input type="checkbox"/> Vacation/secondary home
Address <input type="text"/>		<input type="checkbox"/> I own the property but a family member/friend lives in the property
City <input type="text"/> County <input type="text"/> State <input type="text"/> Zip <input type="text"/>		<input type="checkbox"/> Rental/Business Property
INCOME INFORMATION		
Primary Applicant		Joint Applicant
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired
Total Annual Income (before deductions) \$ <input type="text"/>		Total Annual Income (before deductions) \$ <input type="text"/>
Employer Name <input type="text"/>		Employer Name <input type="text"/>
Employer Phone Number <input type="text"/>		Employer Phone Number <input type="text"/>
Note: Include all reoccurring income from all sources such as employment, self-employment, part-time work, social security, retirement income, disability income, interest income, child support, alimony, etc.		Note: Include all reoccurring income from all sources such as employment, self-employment, part-time work, social security, retirement income, disability income, interest income, child support, alimony, etc.
Do not include one-time or non-reoccurring income.		Do not include one-time or non-reoccurring income. Do not include items covered by Primary Applicant



REPRESENTATIVE INFORMATION

If you have paid a representative (packager, attorney, accountant, etc.) to assist you in completing the application, please complete the section below:

Name and Address of Representative:

Fee charged or agreed upon

\$

CONSENT

I authorize my insurance company, bank, financial institution, or other creditors to release to SBA all records and financial information necessary to process this application.

SBA has my permission, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross, Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my SBA application, evaluating my eligibility for additional disaster assistance, or notifying me of the availability of such assistance.

If my loan is approved, I may be eligible for additional funds to safeguard my property from damages similar to those caused by this disaster. Although it is not necessary for me to provide with my application, a description and cost estimate will be required prior to SBA approval of the mitigation measure.

I have received and read a copy of the "STATEMENTS REQUIRED BY LAWS AND EXECUTIVE ORDERS" which was attached to this application.

CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.

WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

Signature of Applicant

Date

Signature of Joint Applicant

Date

ADDITIONAL COMMENTS



Form **4506-T**
(September 2018)
Department of the Treasury
Internal Revenue Service

Disaster Request for Transcript of Tax Return

- ▶ 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.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at 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.

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)	
5a 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.	
U.S. Small Business Administration Office of Disaster Assistance	
5b Customer file number (if applicable) (see instructions)	

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. ▶ **Depending on your business entity, entity tax form number**

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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>

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.

12 / 31 / 2018	12 / 31 / 2017	12 / 31 / 2016	/	/
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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.

<input type="checkbox"/> 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.	Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date



SBA Form P-019

**U.S. SMALL BUSINESS ADMINISTRATION
ECONOMIC INJURY DISASTER LOAN SUPPORTING INFORMATION**

The U.S. Small Business Administration Economic Injury Disaster Loan provides immediate working capital to eligible applicants. For expedited loan application processing, the business must have been operating for at least one year prior to the disaster. Eligibility for this disaster Loan must consider compensated from other sources to offset the economic injury. Other sources include but are not limited to: (1) grants or other reimbursement (including loans) from government agencies or private organizations, and (2) claims for civil liability against other individuals, organizations or governmental entities.

Was the business in operation one year prior to the disaster?

☐

Yes

☐

No

Gross Revenues for the twelve (12) month period prior to the disaster:

\$

Cost of Goods Sold for the twelve (12) month period prior to the disaster:

\$

Rental properties (residential and commercial) only.
Lost rents due to the disaster:

\$

Compensation **from other sources** received as a result of the disaster (provide a brief description below) :

\$

\$

\$

SIZE STANDARD*:

SBA's size standards define whether a business concern is small and, therefore, eligible for an Economic Injury Disaster Loan.

I certify **all above information provided** and the size of the applicant business does not exceed the size standard for the industry in which the business is primarily engaged.

Signature and Title

Date

* SBA establishes size standards by industry under the North American Industry Classification System (NAICS) (<https://www.census.gov/eos/www/naics/>). Business size standards, by NAICS code, may be found at 13 CFR §121.201 (https://ecfr.io/Title-13/se13.1.121_1201).

ODA Form P-019 (03-2020)



Form 2202 – Sample Document

Applicant's Name Business Name

SUGGESTED FORMAT

SCHEDULE OF LIABILITIES
(Notes, Mortgages and Accounts Payable)

Date of Schedule 3/26/20

Name of Creditor	Original amount	Original date	Current balance	Current or delinquent?	Maturity date	Payment amount (Month- Year)	How Secured
XXX Wholesaler	\$25,000	1/25/20	\$18,900	Delinquent	3/26/20	\$5000 month	Unsecured
Guam Water Authority	\$5600	3/17/20	\$4500	Current	4/10/20	Full PMT month	Unsecured
Telephone Company	\$250	2/25/20	\$250	Current	3/30/20	Full PMT Month	Unsecured
Gov of Guam-GRT	\$15,000	2/20/20	\$11,000	Delinquent	3/20/20	Full PMT Month	Unsecured
Note Payable - XXX Bank	\$20,000	12/11/19	\$20,000	Current	3/31/20	Full PMT Month	Business Asset
LT Note Payable	\$250,000	4/15/15	\$150,000	Current	4/15/25	\$2400 Monthly	Property & Business Asset
Loan from Shareholders	\$35,000	1/31/20	\$35,000	NA		No Payment Re	NA

Signed

President/CEO/Managing Members/General Partner
Title

This form is provided for your convenience in responding to filing requirements in Item 2 on the application, SBA Form 5. You may use your own form if you prefer. The information contained in this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form.