FIRST STATE BANK
SHALLOWATER

Member F.D.I.C.

# CONSUMER LOAN

# APPLICATION

**Please return to the address shown below by fax or email.**

**P.O. Box 160 | One Commerce Park | Shallowater, TX 79363**

**Phone- 806.832.4525 | Fax-806.832.5849**

**Email: mark@fsbshallowater.com**

# <u>Consumer Loan Application:</u>

**<u>Instructions</u>**:

1. All individuals need to complete an attached personal loan application. Married couples may complete their information on a single application form.

2. Complete the personal financial statement for loans $50,000.00 and over

3. All applicants need to complete a Income/Debt summary that is attached. Married couples may complete one form with combined income and debts.

4. Be sure that all individuals sign and date the application

Collateral Checklist

Please **provide and attach the following** information based on the collateral and security that you plan to use to secure your loan:

1. **Real Estate:**

    1. Legal Description of the real estate (Copy of Deed)
    2. Any Real Estate Appraisal
    3. Photographs
    4. Copy of real estate sales contract signed by both seller and purchaser if purchasing real estate.
    5. Property Survey if available
    6. Property Appraisal if available

2. **Furniture, Fixtures, Equipment, Inventory:**

    1. List and valuation of items to be purchased
    2. List and valuation of items already owned
    3. Location of items
    4. Make,Model and serial numbers on items valued over $1,000 if applicable

3. **Vehicles, Trailers, Boats and other Titled Vehicles**

    1. Make, Model and Vehicle I. D. Numbers on those already owned or to be purchased.
    2. Copies of existing vehicle titles, if applicable.
    3. Copy of Dealer’s Buyer’s Order (Deal Sheet) if purchasing new vehicle

# CREDIT APPLICATION

**IMPORTANT: Please read these directions before completing this Application, and check (✓) the appropriate box below.**

☐ If you are applying for individual credit in your own name, are not married, and are not relying on alimony, child support, or separate maintenance payments or on the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E.

☐ In all other situations, complete all Sections except E, providing information in B about your spouse, a joint applicant or user, or the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, also complete Section E.

IF YOU INTEND TO APPLY FOR JOINT CREDIT, PLEASE INITIAL HERE: ____________ APPLICANT ____________ CO-APPLICANT

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

| AMOUNT REQUESTED | PAYMENT DATE DESIRED | PROCEEDS OF CREDIT TO BE USED FOR |
|---|---|---|
| $ | | |

## SECTION A - INFORMATION REGARDING APPLICANT

| FULL NAME (Last, First Middle) | BIRTH DATE | HOME PHONE | BUSINESS PHONE Ext. |
|---|---|---|---|
| | | | |

**IF U.S. PERSON:** (Complete all that apply)

| DRIVERS LICENSE NO. | STATE | DATE OF ISSUANCE | DATE OF EXPIRATION | SOCIAL SECURITY NO. or TAX I.D NO. |
|---|---|---|---|---|
| STATE ID CARD NO. | STATE | DATE OF ISSUANCE | DATE OF EXPIRATION | OTHER (MILITARY ID, TRIBAL ID, ETC.) |

**IF NON U.S. PERSON:** (Complete all that apply)

| DRIVERS LICENSE NO. | STATE | DATE OF ISSUANCE | DATE OF EXPIRATION | SOCIAL SECURITY NO. or TAX I.D NO. | STATE ID CARD NO. | STATE | DATE OF ISSUANCE | DATE OF EXPIRATION |
|---|---|---|---|---|---|---|---|---|
| PASSPORT NO. & COUNTRY OF ISSUANCE: | INDIVIDUAL TAXPAYER ID NO. | NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED: | GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE: | OTHER | | | | |

| PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND | HOW LONG AT PRESENT ADDRESS? |
|---|---|
| | |

| PREVIOUS ADDRESS (Street, City, State, & Zip) | HOW LONG AT PREVIOUS ADDRESS? | EMAIL ADDRESS |
|---|---|---|
| | | |

| PRESENT EMPLOYER (Company Name & Address) | OCCUPATION | POSITION OR TITLE | HOW LONG WITH PRESENT EMPLOYER? | NAME OF SUPERVISOR |
|---|---|---|---|---|
| | | | | |

| PREVIOUS EMPLOYER (Company Name & Address) | HOW LONG WITH PREVIOUS EMPLOYER? |
|---|---|
| | |

| YOUR PRESENT **GROSS** SALARY OR COMMISSION | YOUR PRESENT **NET** SALARY OR COMMISSION | NO. DEPENDENTS | AGES OF DEPENDENTS |
|---|---|---|---|
| $ PER | $ PER | | |

**Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**
Alimony, child support, or separate maintenance received under: ☐ Court Order ☐ Written Agreement ☐ Oral Understanding

| OTHER INCOME | SOURCES OF OTHER INCOME | Have you ever received credit from us? |
|---|---|---|
| $ PER | | ☐ No ☐ Yes - When? |

| Is any income listed in this Section likely to be reduced before the credit requested is paid off? | Checking Acct. No. / Savings Acct. No. | Where? |
|---|---|---|
| ☐ No ☐ Yes (Explain) | Checking Acct. No. . . . . . . . . . . | Where? . . . . . . . . . . . . . . . . . . |
| | Savings Acct. No. | Where? |

| NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | RELATIONSHIP | TELEPHONE NO. (Include Area Code) |
|---|---|---|
| | | |

## SECTION B - INFORMATION REGARDING SPOUSE, JOINT APPLICANT, USER, OR OTHER PARTY (Use separate sheets if necessary.)

| FULL NAME (Last, First, Middle) | RELATIONSHIP TO APPLICANT (If Any) | BIRTH DATE | HOME PHONE | BUSINESS PHONE Ext. |
|---|---|---|---|---|
| | | | | |

**IF U.S. PERSON:** (Complete all that apply)

| DRIVERS LICENSE NO. | STATE | DATE OF ISSUANCE | DATE OF EXPIRATION | SOCIAL SECURITY NO. or TAX I.D NO. |
|---|---|---|---|---|
| STATE ID CARD NO. | STATE | DATE OF ISSUANCE | DATE OF EXPIRATION | OTHER (MILITARY ID, TRIBAL ID, ETC.) |

**IF NON U.S. PERSON:** (Complete all that apply)

| DRIVERS LICENSE NO. | STATE | DATE OF ISSUANCE | DATE OF EXPIRATION | SOCIAL SECURITY NO. or TAX I.D NO. | STATE ID CARD NO. | STATE | DATE OF ISSUANCE | DATE OF EXPIRATION |
|---|---|---|---|---|---|---|---|---|
| PASSPORT NO. & COUNTRY OF ISSUANCE: | INDIVIDUAL TAXPAYER ID NO. | NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED: | GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE: | OTHER | | | | |

| PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND | HOW LONG AT PRESENT ADDRESS? |
|---|---|
| | |

| PRESENT EMPLOYER (Company Name & Address) | OCCUPATION | POSITION OR TITLE | HOW LONG WITH PRESENT EMPLOYER? | NAME OF SUPERVISOR |
|---|---|---|---|---|
| | | | | |

| PREVIOUS EMPLOYER (Company Name & Address) | HOW LONG WITH PREVIOUS EMPLOYER? |
|---|---|
| | |

| YOUR PRESENT **GROSS** SALARY OR COMMISSION | YOUR PRESENT **NET** SALARY OR COMMISSION | NO. DEPENDENTS | AGES OF DEPENDENTS |
|---|---|---|---|
| $ PER | $ PER | | |

**Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**
Alimony, child support, or separate maintenance received under: ☐ Court Order ☐ Written Agreement ☐ Oral Understanding

| OTHER INCOME | SOURCES OF OTHER INCOME | Has Joint Applicant or Other Party ever received credit from us? |
|---|---|---|
| $ PER | | ☐ No ☐ Yes - When? |

| Is any income listed in this Section likely to be reduced before the credit requested is paid off? | Checking Account No. / Savings Account No. | Where? |
|---|---|---|
| ☐ No ☐ Yes (Explain) | Checking Account No. . . . . . . . . . . | Where? . . . . . . . . . . . . . . . . . . |
| | Savings Account No. | Where? |

| NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH SPOUSE, JOINT APPLICANT, USER OR OTHER PARTY | RELATIONSHIP | TELEPHONE NO. (Include Area Code) |
|---|---|---|
| | | |

## SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)

APPLICANT ☐ Married ☐ Separated ☐ Unmarried (Including single, divorced, or widowed)
OTHER PARTY ☐ Married ☐ Separated ☐ Unmarried (Including single, divorced, or widowed)

## SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed, giving information about both the Applicant and Spouse, Joint Applicant, User, or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

### ASSETS OWNED (Use separate sheet if necessary.)

| DESCRIPTION OF ASSETS | VALUE | SUBJECT TO DEBT? Yes / No | NAME(S) OF OWNERS |
|---|---|---|---|
| CASH | $ | | |
| AUTOMOBILES (Make, Model, Year)<br>1.<br>2.<br>3. | | | |
| CASH VALUE OF LIFE INSURANCE (Issuer, Face Value) | | | |
| REAL ESTATE (Location, Date Acquired) | | | |
| MARKETABLE SECURITIES (Issuer, Type, No. of Shares) | | | |
| OTHER (List) | | | |
| TOTAL ASSETS | $ | | |

### OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

| CREDITOR | TYPE OF DEBT OR ACCOUNT NUMBER | NAME IN WHICH ACCOUNT IS CARRIED | ORIGINAL DEBT (Omit Rent) | PRESENT BALANCE (Omit Rent) | MONTHLY PAYMENTS | PAST DUE? Yes / No |
|---|---|---|---|---|---|---|
| LANDLORD OR MORTGAGE HOLDER | ☐ Rent Payment<br>☐ Mortgage | | $ | $ | $ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL DEBTS | | | $ | $ | $ | |

| CREDIT REFERENCES (Paid off Accounts) | | | | | DATE PAID OFF |
|---|---|---|---|---|---|
| | | | $ | | |
| | | | | | |

MY AUTO INSURANCE AGENT IS: (Name & Address)

Are you the co-maker, endorser, or guarantor on any loan or contract? ☐ No ☐ Yes - For Whom? To Whom?

Are there any unsatisfied judgments against you? ☐ No ☐ Yes - Amount $ If "Yes", To Whom Owed?

Have you been declared bankrupt in the last 14 years? ☐ No ☐ Yes - Where? Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

## SECTION E - SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be given as security:

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

**CREDIT DISCLOSURES:** An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

## SIGNATURES

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and answer questions about your credit experience with me.

Unless I have purchased the insurance product(s) by mail or if the Credit Disclosures are provided electronically, by signing below, I acknowledge that I have received the Credit Disclosures orally at the time I have applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature.

APPLICANT'S SIGNATURE DATE

X

OTHER SIGNATURE (Where Applicable) DATE

X





(Tear at perforation)

## FEDERAL CONSUMER CREDIT DISCLOSURES

**CREDIT DISCLOSURES:** An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

CUSTOMER COPY - PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

# DEBT TO INCOME RATIO CALCULATOR

We've created this spreadsheet to help calculate your debt to income ratio. Simply list your monthly income in the appropriate spots, or change the categories if necessary. Be sure to include ALL income and ALL monthly debt payments for an accurate result.

## MONTHLY HOUSEHOLD INCOME (TAKE HOME)

| | | | |
|---|---|---|---|
| Salary/Wages (Take Home) | ________________ | Unemployment Income | __________________ |
| Social Security | ________________ | Food Stamps | __________________ |
| Military Pay | ________________ | Royalties | __________________ |
| Pension/Retirement Income | ________________ | Business Income (Draw) | __________________ |
| Bank and Investment Interest | ________________ | Other | __________________ |
| Alimony/Child Support | ________________ | Other | __________________ |
| Rental Income | ________________ | Other | __________________ |

**TOTAL INCOME** **$____________________**

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## MONTHLY HOUSEHOLD LOAN/DEBT PAYMENTS

| | | | |
|---|---|---|---|
| Monthly mortgage payment (or rent)<br>(Include property taxes and insurance) | $________________ | Credit Card Payment (Monthly Minimum) | ________________ |
| Monthly Car/Boat Payment | ________________ | Credit Card Payment (Monthly Minimum) | ________________ |
| Monthly Car/Boat Payment | ________________ | Credit Card Payment (Monthly Minimum) | ________________ |
| Monthly Car/Boat Payment | ________________ | Credit Card Payment (Monthly Minimum) | ________________ |
| Home Equity Loan Payment | ________________ | Credit Card Payment (Monthly Minimum) | ________________ |
| Monthly Child Support Payment | ________________ | Monthly Student Loan Payment | ________________ |
| Medical/Dental Payments | ________________ | Other Debt Payment | ________________ |
| Furniture and Appliance Payment | ________________ | Other Debt Payment | ________________ |

**TOTAL MONTHLY DEBT PAYMENTS** **$____________________**

Please calculate the following:

Total **Monthly Debt Payments** divided by **Total Income** = ______________% Debt-To-Income Ratio

Borrower's Signature ______________________________________ Date ___________________

Borrower's Signature ______________________________________ Date ___________________

## PERSONAL FINANCIAL STATEMENT

**CONFIDENTIAL**

Personal Financial Statement as of ___________________

NAME(S): ____________________________
______________________________________

HOME ADDRESS ______________________
______________________________________
______________________________________

HOME PHONE ________________________

o E MAIL - Home

E MAIL - Office

o

Social Security #

Spouse's Social Security #

| *Assets* | *In Even Dollars* | *Liabilities and Net Worth* | *In Even Dollars* |
|---|---|---|---|
| Cash on hand and in Banks—See Schedule A | $ | Notes Payable: This Bank—See Schedule A | $ |
| U.S. Government Securities—See Schedule B | | Notes Payable: Other Institutions—See Schedule A | |
| Listed Securities—See Schedule B | | | |
| Unlisted Securities—See Schedule B | | Notes Payable—Relatives | |
| Other Equity Interests—See Schedule B | | Notes Payable—Others | |
| Accounts and Notes Receivable | | Accounts and Bills Due | |
| Real Estate Owned—See Schedule C | | Unpaid Taxes | |
| Mortgages and Land Contracts Receivable—See Schedule D | | Real Estate Mortgages Payable—See Schedule C or D | |
| Cash Value Life Insurance—See Schedule E | | Land Contracts Payable—See Schedule C or D | |
| Other Assets: Itemize | | Life Insurance Loans—See Schedule E | |
| | | Other Liabilities: Itemize | |
| | | | |
| | | | |
| | | **TOTAL LIABILITIES** | $ |
| | | **NET WORTH** | $ |
| **TOTAL ASSETS** | $ | **TOTAL LIABILITIES AND NET WORTH** | $ |

| *Sources of Income* | *In Even Dollars* | *General Information* | |
|---|---|---|---|
| Salary | $ | Employer | |
| Bonus and Commissions | | Position or Profession | No. Years |
| Dividends | | Employer's Address | |
| Real Estate Income | | | Phone No. |
| *Other Income: Itemize | | Partner, officer or owner in any other venture? o No o Yes If so, explain: | |
| | | | |
| **TOTAL** | $ | | |
| *Alimony, child support or separate maintenance payments need not Be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under o court order o written agreement o oral understanding. | | | |
| | | Are any assets pledged? o No o Yes Detail in Schedule A | |
| | | | |
| | | Income taxes settled through (Date) | |

| *Contingent Liabilities* | *In Even Dollars* | *General Information (continued)* |
|---|---|---|
| As endorser, co-maker or guarantor | $ | Are you a defendant in any suits or legal action? o No o Yes If so, explain: |
| On leases | | |
| Legal claims | | Have you ever taken bankruptcy? o No o Yes If so, explain: |
| Provision for federal income taxes | | |
| Other special debt, e.g., recourse or repurchase liability | | Do you have a will? o No o Yes With whom? |
| | | Do you have a trust? o No o Yes With whom? |
| **TOTAL** | $ | Number of dependents ______ Ages _______________ |

**Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions.** List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

| *Name of Institution* | *Name on Account* | *Balance on Deposit* | *High Credit* | *Amount Owing* | *Monthly Payment* | *Secured by What Assets* |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | **TOTAL** | | **TOTAL** | | | |

**Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)**

| *Number of Shares, Face Value (Bonds), or % of Ownership* | *Indicate:* 1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation* | *In Name of* | **Market Value* | *Pledged* Yes (3) | *Pledged* No (3) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | **TOTAL** | | | |

*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

**Schedule C: Real Estate Owned (and related debt, if applicable)**

| *Description of Property or Address* | *Title in Name Of* | *Date Acq.* | *Cost + Improvements* | *Present Mkt. Value* | *Mortgage or Land Contract Payable* | | |
|---|---|---|---|---|---|---|---|
| | | | | | *Bal. Owing* | *Mo. Payt.* | *Holder* |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | **TOTAL** | | | | | |

**Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)**

| *Description of Property or Address* | *Title in Name Of* | *Date Acq.* | *Balance Receivable* | *Monthly Payment* | *Mortgage or Land Contract Payable* | | |
|---|---|---|---|---|---|---|---|
| | | | | | *Bal. Owing* | *Mo. Payt.* | *Holder* |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | **TOTAL** | | | | | |

**Schedule E: Life Insurance Carried**

| *Name of Company* | *Face Amount* | *Cash Surrender Value* | *Loans* | *Beneficiary* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **TOTAL** | | | | |

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Bank named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Bank. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Bank to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Bank any information that it may have or obtain in response to such credit inquiries.

**I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.**

---

**I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.**

| | | | |
|---|---|---|---|
| Applicant's Signature _______________________________ | Date Signed ________ | Social Security No. _______ | Date of Birth _______ |
| Spouse's or Co-Applicant's Signature _______________________________ | Date Signed ________ | Social Security No. _______ | Date of Birth _______ |

# PRIVACY NOTICE

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms:
- Information about your transactions with us, our affiliates, or others: and
- Information we receive from a consumer reporting agency

We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with Federal standards to guard your nonpublic personal information.

We do not disclose any nonpublic information about our customers or former customers or anyone, except as permitted by law. First State Bank, Shallowater is chartered under the laws of the State of Texas and by state law is subject to regulatory oversight by the Texas Department of Banking. First State Bank also engages in business of selling money orders and traveler's checks as an agent for American Express, which is licensed under the laws of the State of Texas and is subject to regulatory oversight by the Texas Department of Banking. Any consumer wishing to file a complaint against The First State Bank, Shallowater should first contact First State Bank, Shallowater, if you still have unresolved complaints regarding the company's money transmission or currency exchange activity, consumers may file complaints with the Texas Department of Banking through one of the means indicated below:

| | |
|---|---|
| In Person or U.S. Mail: | 2601 Lamar Boulevard, Suite 300, Austin, TX 78705-4294 |
| Telephone Number: | 877-276-5554 |
| Fax Number: | 512-475-1313 |
| Email: | consumer.complaints@banking.state.tx.us |
| Website: | www.banking.state.tx.us |

Form **4506-T**

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

# Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**

▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

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 also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506,** Request for Copy of Tax Return. There is a fee to get a copy of your return.

**1a** Name shown on tax return. If a joint return, enter the name shown first.

**1b First social security number on tax return or employer identification number (see instructions)**

**2a** If a joint return, enter spouse's name shown on tax return

**2b Second social security number if joint tax return**

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

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

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

Discover Source 216 Centerview Drive, Ste. 297 Brentwood, TN 37027 (615) 373-1440

**Caution:** ***DO NOT SIGN*** *this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.*

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

**a Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . ☐

**b Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . ☐

**c Record of Account,** which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . ☐

**7 Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . ☐

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . ☐

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

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

___/___/_____ ___/___/_____ ___/___/_____ ___/___/_____

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

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