



Pennsylvania Gaming Control Board

Principal Entity Form *(Initial or Renewal)*

SECTION 1: *Name of the entity completing this application.*

Applicant Name:

SECTION 2: Application Period

Initial Renewal

SECTION 3: *Provide the name of the enterprise applicant/licensee that principal entity is applying with.*

Principal Entity of:

INSTRUCTIONS

These instructions are applicable to an **entity** required to be licensed as a principal and is not an intermediary or holding company of an applicant or licensee.

AN APPLICATION THAT HAS BEEN ACCEPTED FOR FILING AND ALL RELATED MATERIALS SUBMITTED TO THE PENNSYLVANIA GAMING CONTROL BOARD (“BOARD”) SHALL BECOME THE PROPERTY OF THE BOARD AND WILL NOT BE RETURNED TO THE APPLICANT.

The application containing all forms should be sent electronically. The application fee should be mailed to the Pennsylvania Gaming Control Board, Bureau of Licensing, 303 Walnut Street, Fifth Floor, Commonwealth Tower, Harrisburg, Pennsylvania 17101. Please contact the Bureau of Licensing for electronic submission instructions.

Please Note: Notarizations on signature pages are no longer required by the Board.

1. APPLICATION FEES

Application fees must be submitted with the application package and will be used by the Board to process and investigate the principal entity.

The fees indicated are non-refundable deposits required to cover the reasonable and necessary costs of the background investigation. No additional costs or expenses related to the background investigation will be billed, unless an investigator is required to travel in overnight status or stenographic services are required. In either case, actual costs incurred by the Board shall be reimbursed by the applicant.

Fees shall be paid by money order or check made payable to the “Pennsylvania Gaming Control Board.” Cash will not be accepted by the Board.

Principal Entity	\$2,500
VGT Principal Entity	\$500

2. APPLICATION FORM INSTRUCTIONS

A. Generally

As used in the Principal Entity Form, the words “**Applicant**” and “**you**” shall mean the **Principal Entity** completing this Principal Entity Form.

As used in the Principal Entity Form, the words “**Business Entity**” shall mean the terminal operator, interactive gaming operator, manufacturer, manufacturer designee, supplier, management company, junket enterprise or slot machine applicant or licensee or any of its affiliates, intermediaries, subsidiaries or holding companies for which you are a principal entity.

All entries on the form must be typed or printed in block lettering. Initials and signatures must be handwritten by the person providing the information. If the answers are not legible, the application may not be accepted.

Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question, schedule or appendix does not apply to the applicant, write “**Does Not Apply**” in response to that question, schedule or appendix.

All pages of the form must be initialed by an authorized signatory. If additional pages are required in order to answer any question, additional pages may be utilized and must be attached to the form. Be sure to indicate the number(s) of the question(s) being answered and initial each additional page. Some schedules may require disclosure of information for more than one natural person or entity or type of information. If there are multiple disclosures, make enough additional copies of the blank schedule and complete it for each natural person or entity or type of information.

All required documentation, such as business formation papers, tax returns and appendices, must be submitted at the time of filing this form.

The Application for Pennsylvania Tax Clearance Review must be signed by an authorized signatory.

The Affidavit, Release Authorization, Certification and Waiver of Liability must be signed by an authorized signatory.

Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation. If you submit a document to the Board that is in a language other than English, you must also submit an English translation compliant with Board regulations.

All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Board if you change your address.

Failure to answer any question completely and truthfully will result in denial of your application and/or revocation of your license, registration, certificate or permit and may subject you to criminal penalties under 18 Pa. C. S. A. §4903.

Any person who applies for and obtains a license, registration, certificate or permit from the Board may be required to submit to warrantless searches when present in a licensed gaming facility pursuant to the Act.

Confidential Information supplied to the Board or otherwise obtained shall not be revealed except in the course of the necessary administration of the Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly authorized law enforcement agency. An applicant or license, registration, certificate or permit holder waives any liability of the Commonwealth of Pennsylvania and its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.

Pursuant to Board regulations, once the application has been filed, applicant **may not** withdraw its application without the permission of the Board. An application that has been accepted for filing and all related materials submitted to the Board become the property of the Board and will not be returned to the applicant.

All required documentation must be submitted at the time of filing this form. Further, pursuant to Board regulations, the applicant is under a continuing duty to promptly notify the Board if there is a change in the information provided to the Board.

A license, permit, certification or registration issuance, renewal or other approval issued by the Board is a revocable privilege. No person holding a license, permit, certification or registration, renewal, or other approval is deemed to have any property rights related to the license, permit, certification or registration.

B. Principal Entity Form

Applicant is submitting this Principal Entity Form because it is a principal of

Describe the relationship between applicant and business entity named above, including amounts and terms of ownership and control.

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION PACKAGE FORMS OR THE INFORMATION REQUIRED TO COMPLETE ANY APPLICATION, PLEASE CONTACT THE PENNSYLVANIA GAMING CONTROL BOARD - BUREAU OF LICENSING AT (717) 346-8300.

Applicant Information

Applicant's Business Name			
Business Name as it appears on applicant's certificate of incorporation, charter, bylaws, partnership agreement or other official documents (spell out complete name, do not use abbreviations)			
Trade Name(s) and Doing Business As ("DBA") Names			
Has the applicant been verified as a minority or women's business enterprise by the Pennsylvania Department of General Services' (DGS) Bureau of Small Business Opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the name of the entity that certified the applicant as a minority or women's business enterprise and upon which the DGS verification was made. _____			
If yes, attach the verification letter from the Bureau of Small Business Opportunities and/or the small business procurement initiative certificate that identifies the company as a small diverse business (not only as a small business) and provide the certification number _____.			
Applicant's Principal Address			
Address Line 1			
Address Line 2			
Address Line 3			
City	State/Province	Postal Code	
Country		Email Address	
County	Township	Web URL	
Phone Number		Fax Number	
Applicant's Address In Pennsylvania (if applicable)			
Address Line 1			
Address Line 2			
Address Line 3			
City	State/Province	Postal Code	
Country		Email Address	
County	Township	Web URL	
Phone Number		Fax Number	
Contact Name for this Application			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Title		Individual Email Address	
Phone Number		Fax Number	

Applicant's Form of Organization			
Check One			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> C-Corporation
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Trust	
<input type="checkbox"/> Other (describe) _____			

Applicant's Organization Documents	
State of Incorporation, registration or other type of formation	Date of Formation
Applicant's business name as it appears on the formation documents	
List all states in which the applicant is currently registered or authorized to do business	
Is applicant registered or authorized to do business in the Commonwealth of Pennsylvania? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant's Identification Numbers	
Federal Employer Identification Number/TIN	PA Unemployment Compensation Account Number
PA Department of Revenue Corporate Box Number	PA Liquor Control Board License Number
PA Workers Compensation Policy Number	PA Department of State – Entity Number
Does the applicant have any outstanding tax liabilities to either the Commonwealth of Pennsylvania or any other state or the Federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answer YES, provide details concerning all outstanding tax liabilities.	

Criminal History

The next section asks about any offenses or charges applicant or any of its owners, officers, directors/partners or trustees may have committed or had filed against them. Prior to answering this question, carefully review the definitions and instructions that follow.

DEFINITIONS	<p>For purposes of this section:</p> <p>A. "CRIME OR OFFENSE" includes all felonies and misdemeanors, as well as summary offenses that may have required you to appear before a law enforcement agency, state or federal grand jury, justice court, municipal court, city court, traffic court, military court or any other court EXCEPT Juvenile Court. Include all DUI/DWI offenses.</p> <p>B. "ARREST" includes any time that you were stopped by a police officer or other law enforcement officer and advised that you were under arrest, detained, held for questioning, requested by a police officer or law enforcement officer to come to a police station and answer questions, taken into custody by any police officer or other law enforcement officer, fingerprinted, held in jail, or instructed to appear in court or subpoenaed to answer for conduct which is a crime as has been defined in paragraph "A."</p> <p>C. "CHARGE" includes any indictment, complaint, information, summons, citation or other notice of the alleged commission of any crime or offense as defined in paragraph "A."</p>
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INSTRUCTIONS	<p>1. ANSWER "YES" AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY EVEN IF:</p> <p>A. You did not commit the offense charged;</p> <p>B. The arrest or charges were dismissed or the charges were subsequently downgraded to a lesser charge;</p> <p>C. You pleaded not guilty or nolo contendere;</p> <p>D. You completed an accelerated rehabilitative disposition ("ARD") or equivalent diversionary program;</p> <p>E. The charges or conviction were expunged from your record, even if you have expungement papers;</p> <p>F. You were not convicted or were found "not guilty";</p> <p>G. You did not serve any time in prison or jail;</p> <p>H. The arrests, charges or offenses happened a long time ago;</p> <p>I. You were arrested or charged in another state (a state other than Pennsylvania);</p> <p>J. You were never physically taken into custody and/or transported to a police station or jail.</p> <p>2. ANSWER "NO" IF:</p> <p>A. You have never been arrested or charged with any crime or offense;</p> <p>B. Your arrest happened when you were under 18 years of age and your court appearance was in juvenile court.</p> <p>FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.</p>
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<p>1. Has applicant or any of its owners, officers, directors/partners or trustees ever been indicted, charged with or convicted of a criminal offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in the Commonwealth or any other jurisdiction?</p> <p>If you answer YES, you must complete Schedule 5 concerning Criminal History.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Testimony, Investigations or Polygraphs

<p>2. Has applicant or any of its owners, officers, directors/partners or trustees ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, Federal, national, etc.) other than in response to minor traffic related offenses?</p> <p>If you answer YES, you must complete Schedule 6 concerning Testimony, Investigations or Polygraphs.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Antitrust, Trade Regulation & Securities Judgments; Statutory and Regulatory Violations

<p>3. Has applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the Federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>4. In the past ten (10) years, has applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies had a judgment, order, consent decree or consent order pertaining to any state or Federal statute, regulation or code that resulted in a fine or penalty of \$50,000 or more entered against it?</p> <p>If you answer YES to either question, you must complete Schedule 8 concerning Antitrust, Trade Regulation & Security Judgments; Statutory and Regulatory Violations.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bankruptcy or Insolvency Proceedings	
<p>5. Has applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it in the last ten (10) year period?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>6. Has applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten (10) year period?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>7. Has a court appointed any receiver, fiscal agent, trustee, reorganization trustee, or similar officer for applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies in the last ten (10) years?</p> <p>If you answer YES to any of these questions, you must complete Schedule 9 concerning Bankruptcy or Insolvency Proceedings.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Applicant's Licenses and Permits	
<p>8. Has applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies applied for any license or permit by a government agency for the collection of sales and use tax, selling and serving liquor and malt beverages, providing overnight lodging services or any other activity requiring a license or permit? A government agency as used here includes any agency or entity of Federal, state, Native American or local government created to carry out a governmental function or to implement a statute or statutes.</p> <p>If you answer YES, you must complete Schedule 10 concerning Non-Gaming Licenses and Permits.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>9. Has applicant, or any of its affiliates, intermediaries, subsidiaries or holding companies applied for any license or permit by a government agency charged with regulating games of chance, including but not limited to slot machines, video lottery terminals, table games, horse racing, jai alai, etc.? A government agency as used here includes any agency or entity of Federal, state, Native American or local government created to carry out a governmental function or to implement a statute or statutes.</p> <p>If you answer YES, you must complete Schedule 11 concerning Gaming Licenses and Permits.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Applicant's Contributions and Disbursements	
<p>10. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries, holding companies, directors, officers, employees or any third parties acting for or on behalf of applicant made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, person, company or organization to obtain favorable treatment?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries, holding companies, directors, officers, employees or any third parties acting for or on behalf of the applicant made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>12. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries, holding companies, directors, officers, employees or any third parties acting for or on behalf of applicant loaned funds for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>13. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries, holding companies, directors, officers, employees or any third parties acting for or on behalf of applicant donated or loaned property or any other thing of value for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>14. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries or holding companies made any loans, donations or other disbursements to directors, officers, employees or any third parties for the purpose of reimbursing such individuals for political contributions either foreign or domestic?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>15. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries or holding companies maintained any bank account, domestic or foreign, not reflected on the applicant's books or records?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>16. During the last ten (10) year period, has applicant, its parent company, or any of its affiliates, intermediaries, subsidiaries or holding companies maintained any numbered account or any account in the name of a nominee for applicant?</p> <p>If you answer YES to any of these questions, you must complete <u>Schedule 12</u> concerning contributions and disbursements.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Application Checklist

Each item must be completed and submitted as part of this application form. If any item is missing, the application will be considered incomplete and will not be processed. If a question, schedule or addendum does not apply to the applicant you must write "Does Not Apply" on the page.

<input type="checkbox"/>	Schedule 1: Other Names Used by Applicant
<input type="checkbox"/>	Schedule 2: Addresses Used by Applicant
<input type="checkbox"/>	Schedule 3: Current Officers, Directors/Partners and Trusts
<input type="checkbox"/>	Schedule 4: Applicant's Owners
<input type="checkbox"/>	Schedule 5: Criminal History
<input type="checkbox"/>	Schedule 6: Testimony, Investigations or Polygraphs
<input type="checkbox"/>	Schedule 7: Existing Litigation
<input type="checkbox"/>	Schedule 8: Antitrust, Trade Regulation and Security Judgments; Statutory and Regulatory Violations
<input type="checkbox"/>	Schedule 9: Bankruptcy or Insolvency Proceedings
<input type="checkbox"/>	Schedule 10: Non-Gaming Licenses and Permits
<input type="checkbox"/>	Schedule 11: Gaming Licenses and Permits
<input type="checkbox"/>	Schedule 12: Applicant's Contributions and Disbursements
<input type="checkbox"/>	Schedule 13: Applicant Background Part 1
<input type="checkbox"/>	Schedule 14: Applicant Background Part 2
<input type="checkbox"/>	Application for Pennsylvania Tax Clearance Review
<input type="checkbox"/>	Affidavit
<input type="checkbox"/>	Release Authorization
<input type="checkbox"/>	Waiver of Liability
<input type="checkbox"/>	Financial Statement Certification

Appendices: The appendices are documents the applicant must provide or create. The appendices are not represented in the application questions or its schedules. Each appendix shall be presented in a tabbed manner and each tab must indicate the appendix number as listed below. If an appendix does not apply to an applicant, write “DOES NOT APPLY” on the appendix page.

<input type="checkbox"/>	Appendix 1: Existing Litigation
<input type="checkbox"/>	Appendix 2: Audited financial statements for the last five (5) years. If the Applicant does not normally have its financial statements audited, attach unaudited financial statements.
<input type="checkbox"/>	Appendix 3: Annual reports for the last five (5) years.
<input type="checkbox"/>	Appendix 4: Annual reports prepared on the SEC's 10K for the last five (5) years.
<input type="checkbox"/>	Appendix 5: A copy of the last quarterly unaudited financial statement.
<input type="checkbox"/>	Appendix 6: A copy or copies of any interim reports.
<input type="checkbox"/>	Appendix 7: A copy of the last definitive proxy or information statement (SEC).
<input type="checkbox"/>	Appendix 8: A copy of all registration statements for the last five (5) years filed in accordance with the Securities Act of 1933.
<input type="checkbox"/>	Appendix 9: Copies of all other reports prepared in the last five (5) years by independent auditors of the applicant.
<input type="checkbox"/>	Appendix 10: Certified copies of the Articles of Incorporation, charter, Bylaws, Partnership Agreement or other official documents and all amendments and proposed amendments.
<input type="checkbox"/>	Appendix 11: Current ownership table of organization.
<input type="checkbox"/>	Appendix 12: Copies of federal entity tax filings 1120, 1120-s, 1120-f, 1065, 941 and all other business-related tax forms filed with the IRS in the last five(5) years. In addition, provide a copy of the Record of Account transcript or Account Transcript for each year. If the transcript has been ordered, provide a copy of a completed 4506-T form with the date the form was sent to the IRS. Provide the transcripts once received.
<input type="checkbox"/>	Appendix 13: Copies of 5500 forms filed with the IRS in the last five (5) years.
<input type="checkbox"/>	Appendix 14: Describe criminal history of applicant. This information must be provided in addition to the information provided in Schedule 6 . Narrative information about the nature of charge or complaint and the disposition must be provided.

Schedule 2: Addresses Used by Applicant

Provide all addresses, which applicant has used or from which it was conducting business during the last ten (10) year period, and provide the approximate dates during which such addresses were used.

Address Purpose		Address used From		Address Used To
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address		Phone Number	Fax Number
Address Purpose		Address used From		Address Used To
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address		Phone Number	Fax Number
Address Purpose		Address Used From		Address Used To
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address		Phone Number	Fax Number
Address Purpose		Address Used From		Address Used To
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address		Phone Number	Fax Number

Schedule 3: Current Officers, Directors/Partners and Trusts

Provide the following information for all officers, directors/partners, trustees, grantors or beneficiaries of a trust.

Name and Home Address				
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)	Date of Birth
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number	
Applicant Address				
Applicant Name:		Current Title or Position		
Address Line 1		Address Line 2		
Address Line 3		City	State/Province	Postal Code
Country	Email Address	Phone Number	Fax Number	
Dates, Titles and/or Positions Held (starting with current position and working backwards)				
From Date	To Date	Title or Position	Annual Compensation & Value	Composition of Compensation (Specify salary, wages, commissions, fees, bonus or other)

* Make additional copies and attach additional pages as necessary.

Schedule 4: Applicant's Owners

Provide the following information for each person who:

Has a direct ownership interest in a slot machine or management company applicant/licensee.

Has a direct ownership interest of 5% or greater in a privately held Manufacturer, Supplier, Manufacturer Designee, Interactive Gaming Operator or VGT Terminal Operator.

Has a 5% or greater indirect ownership interest in a privately held Slot Machine, Management Company, Manufacturer, Supplier, Manufacturer Designee, Interactive Gaming Operator or VGT Terminal Operator applicant or licensee.

Has an indirect ownership interest of 5% or greater in a publicly traded Slot Machine, Management Company, Manufacturer, Supplier, Manufacturer Designee, Interactive Gaming Operator or VGT Terminal Operator applicant or licensee.

A trust which holds an indirect ownership interest of 5% or greater in a Slot Machine, Management Company, Manufacturer, Supplier, Manufacturer Designee, Interactive Gaming Operator or VGT Terminal Operator applicant or licensee.

Note: Indirect ownership should be computed based on the applicant's net ownership of the applicant or licensee.

Name and Address								
First Name		Middle Name		Last Name		Suffix (Jr., Sr., etc.)	Date of Birth	
Address Line 1				Address Line 2				
Address Line 3			City		State/Province		Postal Code	
Country	Email Address		Phone Number		Fax Number		Percentage of ownership	Date Acquired
Describe Nature, Type, Terms and Conditions of Ownership								

* Make additional copies and attach additional pages as necessary.

Schedule 5: Criminal History

If applicant answered YES to question 1 on page 3, provide the following information:

Criminal History Incident						
Name of Case & Docket Number	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition (Acquitted, Convicted, Dismissed, Etc.)	Name and Address of Law Enforcement Agency or Court Involved	Sentence	Name of Officer, Director/Partner or Trustee

Schedule 6: Testimony, Investigations or Polygraphs

If applicant answered YES to question 2 on page 3, provide the following information:

Testimony, Investigation or Polygraph Incident			
Name and Address of Court or Agency	Was testimony given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date on which testimony was given	Approximate time period of investigation
Nature of Proceedings or Investigation and Name the Officer, Director/Partner or Trustee involved.			
Testimony, Investigation or Polygraph Incident			
Name and Address of Court or Other Agency	Was testimony given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date on which testimony was given	Approximate time period of investigation
Nature of Proceedings or Investigation and Name the Officer, Director/Partner or Trustee involved.			
Testimony, Investigation or Polygraph Incident			
Name and Address of Court or Other Agency	Was testimony given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date on which testimony was given	Approximate time period of investigation
Nature of Proceedings or Investigation and Name the Officer, Director/Partner or Trustee involved.			

Schedule 7: Existing Litigation

Provide the following information and attach as Appendix 1 a description of all existing civil litigation to which applicant is presently a party, whether in this Commonwealth or in another jurisdiction. Do not include any litigation in which the damages may not reasonably be expected to exceed \$100,000, or litigation in which damages may be expected to exceed \$100,000, but which involves claims against applicant which are fully and completely covered under an insurance policy held by the applicant with a licensed insurance carrier. This description must include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation and the general nature of all claims being made.

Existing Litigation	
Name of Case and Docket Number	Location and Name of Court before which Litigation is Pending
Names of all Parties to Litigation	
Nature of the Claims	
Existing Litigation	
Name of Case and Docket Number	Location and Name of Court before which Litigation is Pending
Names of all Parties to Litigation	
Nature of the Claims	

SCHEDULE 8: ANTITRUST, TRADE REGULATION & SECURITY JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

IF APPLICANT ANSWERED YES TO QUESTIONS 3 OR 4 ON PAGE 3, PROVIDE THE FOLLOWING INFORMATION:

VIOLATION		
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		
VIOLATION		
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		

Schedule 9: Bankruptcy or Insolvency Proceedings

If applicant answered YES to questions 5, 6 and/or 7 on page 4, provide the following:

Bankruptcy or Insolvency Proceedings			
Name of Case & Docket Number	Date Petition Filed or Relief Sought	Name and Address of Agency or Court Involved	
	Date Judgment or Relief Entered	Name of Court Appointed Receiver, agent or trustee	Date Receiver, agent or trustee appointed
Nature of Judgment or Relief			

Schedule 10: Non-Gaming Licenses and Permits

If applicant answered YES to question 8 on page 4, provide the following information for the last ten (10) year period:

Applicant Licensing (Government Issued – Non-gaming)					
Type of License or Permit	Name and Location of Government Agency	Application Number	Disposition	Date of Disposition	If granted, provide the license/permit number and expiration date. If denied, pending, expired, suspended, conditioned, revoked or withdrawn, provide details.
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		

Schedule 11: Gaming Licenses and Permits

If applicant answered YES to question 9 on page 4, provide the following information for the last ten (10) year period:

Applicant Licensing (Government Issued –Gaming)					
Type of License or Permit	Name and Location of Government Agency	Application Number	Disposition	Date of Disposition	If granted, provide the license/permit number and expiration date. If denied, pending, expired, suspended, conditioned, revoked or withdrawn, provide details.
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		
			<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Expired <input type="checkbox"/> Suspended <input type="checkbox"/> Conditioned <input type="checkbox"/> Withdrawn <input type="checkbox"/> Revoked		

Schedule 12: Applicant's Contributions and Disbursements

If applicant answered YES to any of questions 10 through 16 on pages 4 and 5 provide the following information for any present or former owners, directors, officers, employees or third parties who would have knowledge or information of the contributions and/or disbursements during the last ten (10) year period:

Name and Address			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Address Line 1		Address Line 2	
Address Line 3		City	State/Province
Country	Email Address	Phone Number	Fax Number
Name and Address			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Address Line 1		Address Line 2	
Address Line 3		City	State/Province
Country	Email Address	Phone Number	Fax Number
Name and Address			
First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Address Line 1		Address Line 2	
Address Line 3		City	State/Province
Country	Email Address	Phone Number	Fax Number
Nature of Contributions or Disbursements			

Schedule 13: Business Background Part 1

Description of Present Business
Description of Competitive Conditions
Principal Products Produced and/or Services Rendered
Availability of Raw Materials, Critical Technology & Employees
Intellectual Property Owned by Applicant & Importance to Business

Signature Document Section

APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW

Completion of this form is a condition of this application and will authorize the Pennsylvania Department of Revenue ("DOR") and the Department of Labor and Industry ("DLI") to review the tax records of the person and/or entity as part of the licensing evaluation by the Pennsylvania Gaming Control Board ("Board"). Your signature on this form also represents a waiver of confidentiality of tax information. Your signature allows the DOR and DLI to provide tax information to the Board and its authorized investigatory agents. In addition, your signature authorizes the DOR, DLI and the Board to provide your tax information to the entity with which you are filing.

Name as Listed on Tax Return

Employer Identification Number/Tax
Identification Number/Social Security
Number

Address

City

State

Zip Code

I certify that I am the individual whose tax records are to be reviewed. If the tax records are for an entity, I certify that I am the authorized signatory for the Applicant.

Signature of CEO/Authorized Signatory*

Telephone Number

Date

*If a person other than the CEO of this entity is designated to execute this document, the board must be provided with a resolution or an affidavit, certified as true and correct, identifying the individual so designated and authorizing that individual to execute the document on behalf of both the entity and the CEO.

AFFIDAVIT

STATE OF _____:

ss:

COUNTY OF _____:

The Chief Executive Officer ("CEO")/Licensee hereby certifies that the information provided herein is true and correct and that there is no misrepresentation, falsification or omission in this form. Further, the CEO/Licensee is aware that any false or misleading statement or omitted information will be cause for rejection or revocation of a license, registration, certificate or permit and may be subject to criminal penalties under 18 Pa. C.S.A. §§ 4902, 4903 and 4904.

The applicant has familiarized itself with the contents of the Gaming Act ("Act") and its Regulations and agrees, if licensed, to abide by same.

Applicant acknowledges that the Bureau of Investigations and Enforcement ("BIE"), the Department of Revenue ("DOR") and the Pennsylvania State Police ("PSP") shall have the authority, without notice and without warrant, to do all of the following in the performance of their duties:

1. Inspect and examine all premises where slot machine or table game operations are conducted, slot machines, table game devices and associated equipment are manufactured, sold, distributed or serviced or where records of these activities are prepared or maintained.
2. Inspect all equipment and supplies in, about, upon or around premises referred to in Paragraph 1.
3. Seize, summarily remove and impound equipment and supplies from premises referred to in Paragraph 1 for the purposes of examination and inspection.
4. Inspect, examine and audit all books, records and documents pertaining to a slot machine licensee's operation.
5. Seize, impound or assume physical control of any book, record, ledger, game, device, cash box and its contents, count room or its equipment or slot machine or table game operations.

In addition, to further effectuate the purposes of the Act and its Regulations, the BIE and the PSP may obtain administrative warrants for the inspection and seizure of property possessed, controlled, bailed or otherwise held by an applicant, licensee, registrant, certificant, permittee, intermediary, subsidiary, affiliate or holding company.

Any licensee, key employee or gaming employee shall have the duty to:

1. Provide any assistance or information required by the Pennsylvania Gaming Control Board ("Board"), or the PSP and to cooperate in any inquiry, investigation or hearing;
2. Consent to inspection, searches and seizures;
3. Inform the Board of any actions which they believe would constitute a violation of the Act; and
4. Inform the Board of any arrests for any criminal violations or offenses including those enumerated under 18 Pa. C.S.A. (Relating to Crimes and Offenses).

Furthermore, the applicant hereby certifies that the undersigned is authorized to sign this application on behalf of the applicant and that there is no misrepresentation, falsification or omission in this application and further agrees to the terms of licensing as specified within the regulations and specifications of the Pennsylvania Gaming Control Board.

I hereby expressly waive, release, and forever discharge the Board, the DOR, the PSP, the Commonwealth of Pennsylvania, and its instrumentalities, and their agents, employees and representatives from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the Commonwealth of Pennsylvania, the Board and its agents, as a result of my applying for a gaming license in the Commonwealth of Pennsylvania.

I am aware that false or misleading statements or omitted information will be cause for rejection or revocation of the license and may be subject to criminal penalties under 18 Pa C.S.A. §4902, 4903 and 4904.

Applicant Certification (Required) Date: ____/____/20__

Name of Applicant

Witness Signature

Name of CEO/Authorized Signatory*

Witness Name: (Printed)

Signature of CEO/ Authorized Signatory*

Date: ____/____/20__

Individual preparing form if different from CEO/Applicant

Name, Title and Signature

*If a person other than the CEO of this entity is designated to execute this document, the board must be provided with a resolution or an affidavit, certified as true and correct, identifying the individual so designated and authorizing that individual to execute the document on behalf of both the entity and the CEO.

RELEASE AUTHORIZATION

TO: _____

(DO NOT WRITE ABOVE THIS LINE – FOR GAMING CONTROL BOARD USE ONLY)

FROM: _____

APPLICANT'S NAME (PLEASE PRINT)

(TO BE COMPLETED BY APPLICANTS FOR, AND RELATING TO, INITIAL AND RENEWAL LICENSE APPLICATIONS FOR SLOT OPERATORS, MANAGEMENT COMPANIES, INTERACTIVE GAMING OPERATORS, FANTASY CONTEST OPERATORS, SPORTS WAGERING OPERATORS, VGT TERMINAL OPERATORS, MANUFACTURERS, SUPPLIERS, MANUFACTURER DESIGNEES, AFFILIATES & PRINCIPAL ENTITIES)

I, _____, by and on behalf of the undersigned applicant/ licensee have filed with the Pennsylvania Gaming Control Board an application. I certify that I am authorized by the applicant to submit this Release Authorization on its behalf and to bind the applicant to all provisions within this Release Authorization. I/we understand that the applicant is seeking the granting of a privilege and acknowledge that the burden of proving applicant's qualifications and suitability for a favorable determination is at all times the burden of the applicant.

I/we understand that a background investigation will be conducted by agents of the PGCB's Bureau of Investigations and Enforcement pursuant to their statutory duty to investigate the character, honesty, integrity and suitability of myself and any entity with which I am associated consistent with 4 Pa.C.S. Chapters 13 and 15. I further understand and agree that I am voluntarily executing this Release Authorization to expressly authorize and permit agents of the Board to obtain any and all information they deem necessary to perform this duty, and accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss which may result from action with respect to this application.

The rights and powers herein granted are intended to facilitate the background investigation being conducted by the Pennsylvania Gaming Control Board at my request and on behalf of the applicant and is not otherwise intended to create or establish a legal or fiduciary relationship between the Pennsylvania Gaming Control Board, its agents or employees and me. I hereby acknowledge that no such relationship exists.

1. I hereby authorize and request every person, firm, company, corporation, board, association or institution of any kind, and every Federal, State or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this Release Authorization is presented having any knowledge, information, documents, forms, photographs, computer files, accounts, ledgers or other items about, relating to or concerning the applicant and to fully discuss with, and answer any inquiry made by any duly authorized investigator of the Pennsylvania Gaming Control Board.
2. If this Release Authorization is presented to a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that any duly authorized investigator of the Pennsylvania Gaming Control Board be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to the applicant, including but not limited to past loan information, notes, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
3. I hereby authorize an agent of the Pennsylvania Gaming Control Board to review and obtain copies of any and all documents, records, or correspondence pertaining to myself and the applicant, and I hereby authorize any federal, state, local or municipal agency or body, law enforcement agency or criminal justice agency or department, tax agency or authority, regulatory authority, agency or body, to make full and complete disclosure of any and all information and documents including, but not limited to, documents and information otherwise privileged or not subject to public disclosure, as well as such other information on file or available concerning the applicant.
4. This Release Authorization extends to the review and copy of any information protected by law or contract from disclosure, privilege or obligation.
5. This Release and Authorization shall remain in effect until such time as the applicant ceases to be an applicant or a licensee/permittee/registrant/certificate holder under the Gaming Act.
6. I do for the applicant as well as for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, exonerate, and forever discharge the Pennsylvania Gaming Control Board, its members, agents and employees, the Pennsylvania State Police, the Commonwealth of Pennsylvania and its instrumentalities, and any agents and employees thereof, from any and all liabilities, including but not limited to all manner of actions, causes of action, suits, debts, judgments, executions, claims, and

demands whatsoever, known or unknown, in law or equity, which exist now or in the future against those entities and persons other than relating to a willfully unlawful disclosure or publication of material or information acquired during my investigation.

7. I do for the applicant as well as for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, exonerate, and forever discharge every person, firm, company, corporation, board, association or institution of any kind, and every federal, state or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this request is presented, and any agents and employees thereof, from any and all liabilities, including but not limited to all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which exist now or in the future against those entities and persons to whom this request is presented, and any agents or employees thereof, arising out of or by reason of, the furnishing of or inspection of documents, records, and other information released in compliance with a request made pursuant to, or as a result of having been presented with, this Release Authorization.
8. The applicant agrees to indemnify and hold harmless the Pennsylvania Gaming Control Board, its officials and employees and every person, firm, company, corporation, board, association or institution of any kind, and every Federal, State or local governmental agency, to whom this request is presented and from and against all claims, damages, losses, and expenses including reasonable attorneys' fees arising out of or by reason of, the acts permitted and provided for in the Release Authorization.
9. I agree that a reproduction of this request by photocopy, facsimile or similar process shall be for all intents and purposes as valid as the original.

Applicant has read this Release Authorization and understands all its terms. Applicant executes this document voluntarily and with full knowledge of its significance.

I, _____, hereby state subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts and information above set forth are true and correct to the best of my knowledge, information and belief.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name: _____
(Print Name)

*If a person other than the CEO of this entity is designated to execute this document, the board must be provided with a resolution or an affidavit, certified as true and correct, identifying the individual so designated and authorizing that individual to execute the document on behalf of both the entity and the CEO.

Signature of Pennsylvania Gaming Control Board Agent Presenting This Request:

_____ Date: _____

Notice Regarding Access to Consumer Report for Employment Purposes

The Pennsylvania Gaming Control Board (“PGCB”) has the specific power and duty to require background investigations on applicants, licensees, principals, key employees, permittees, certificate holders, or registrants. A background investigation consists of a security, criminal, credit, and suitability investigation of any natural person, corporation, foundation, organization, business trust, estate, limited liability company, licensed corporation, trust, partnership, limited liability partnership, association, or any other form of legal business entity.

Pursuant to this authority, the PGCB may request a consumer report about you and/or your company for employment purposes and in connection with the determination of your and/or your company’s eligibility for a license, permit, certification, or registration. A consumer report is a written, oral or other communication of any information by a consumer reporting agency bearing on your and/or your company’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your and/or your company’s eligibility for employment and in connection with the determination of your and/or your company’s eligibility for a license, permit, certification, or registration.

Authorization

By signing below, I acknowledge that I have read and understand the above Notice Regarding Access to Consumer Report for Employment Purposes and authorize the Pennsylvania Gaming Control Board to obtain a consumer report about me and/or my company for employment purposes and in connection with the determination of my and/or my company's eligibility for a license, permit, certification, or registration.

Signature

Date

(Print Name)

(Entity Name, if Applicable)

Witness:

Signature

Date

(Print Name)

WAIVER OF LIABILITY

On behalf of _____, (Name of Applicant)

I, _____ (Name Of Chief Executive Officer or Authorized Signatory), hereby waive liability as to the Commonwealth of Pennsylvania and its instrumentalities and agents, for any damages resulting to the said applicant from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings related thereto.

I am aware that false or misleading statements or omitted information will be cause for rejection or revocation of the license and may be subject to criminal penalties under 18 Pa C.S.A. §4902, 4903 and 4904.

Applicant Name

Date

By: Signature of CEO/Authorized Signatory*

Printed name of CEO/Authorized Signatory*

Daytime Telephone number

Witness Signature

Name of Witness (Printed)

Date

*If a person other than the CEO of this entity is designated to execute this document, the Board must be provided with a resolution or an affidavit, certified as true and correct, identifying the individual so designated and authorizing that individual to execute the document on behalf of both the entity and the CEO.

Financial Statement Certification

For the Period Ended: _____

Name of Applicant

I have reviewed and examined the attached financial statement.

To the best of my knowledge, the financial statements, and other information included in this report, are accurate and fairly present in all material respects, the financial condition, results of operations and cash flows of the applicant as of, and for, the periods presented in this report.

Also, I understand and will comply with the requirement to provide audited financial statements on an annual basis once licensed in accordance with 4 Pa.C.S. § 1207(4) or 3302(a)(4) of the Act (Note: the audited financials requirement is not applicable to VGT Manufacturers, VGT Suppliers and Fantasy Contest Operators).

Date

Signature of Chief Financial Officer

Printed name of Chief Financial Officer

Date

Signature of Chief Operating Officer

Printed name of Chief Operating Officer

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.

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

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 2016, filed in 2017, will likely not be available from the IRS until 2018. 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.

_____ / _____ / _____ | _____ / _____ / _____ | _____ / _____ / _____ | _____ / _____ / _____

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.

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

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

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

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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

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

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

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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

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

Note: If you are Heir at Law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

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

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

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

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

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.