



1st Bank of Sea Isle City
Loan Center
137 J.F. Kennedy Blvd.
Sea Isle City, NJ 08243
Ph: 609.263.7823 FAX: 609.263.9179
www.1stbankseaisle.com

Commercial/Business Loan Inquiry Checklist

THIS PAGE MUST BE SIGNED AND RETURNED WITH YOUR FULLY COMPLETED APPLICATION

To expedite the processing of your application, please complete our checklist indicating the following documents are enclosed. The following should be checked if enclosed or marked N/A only if Not Applicable. We will begin processing your loan application upon receipt of a fully completed application form and all of the information listed below.

NOTE-Upon receipt of a fully completed application form and all of the information listed below, this association verifies all credit information provided on your application. When all inquiries are answered in writing, your application is presented to the Mortgage Loan Committee of the Board of Directors for consideration.

- ☐ 1. Application should be completed in its entirety and signed. All bank account numbers, loan numbers, addresses, and block and lot numbers (legal description) should be clearly written throughout the entire application.
- ☐ 2. Personal Financial Statement
- ☐ 3. Complete, sign and date ALL enclosed "forms". Be sure all forms are dated and that the Social Security/Tax ID numbers are clearly written.
- ☐ 4. Most recent three (3) years **COMPLETE & SIGNED** copies of your tax returns including ALL supporting schedules and most recent three (3) years W-2's.
- ☐ 5. Collateral property address, lot size and block and lot numbers (if applicable).
- ☐ 6. Complete set of plans and specifications (if applicable).
- ☐ 7. Copy of deed and/or sales agreement (if applicable)
- ☐ 8. Copy of rental and/or lease agreements.
- ☐ 9. Copies of your most recent quarterly statements (all pages), three (3) consecutive month's statements (all pages) for checking, savings and CD's.
- ☐ 10. Copies of current Mortgage, Auto Loan and Credit Card Statements.
- ☐ 11. Copy of partnership/corporation papers including operating agreements and corporate resolutions.
- ☐ 12. Copy of photo ID (i.e. Drivers License(s) (All Borrowers)*)

*US PATRIOT ACT NOTICE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal law 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, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some cases, identification will be requested for current account holders if original documentation was not obtained with the opening of the account.

We ask for your understanding as we work to support these efforts to maintain the security of your funds and our country.

WE ACKNOWLEDGE RECEIPT OF A HUD BOOKLET, A PRIVACY DISCLOSURE, US PATRIOT ACT DISCLOSURE (ABOVE), A DISCLOSURE DESCRIBING THE TYPE OF CREDIT WE ARE REQUESTING AND NOTIFICATION OF FLOOD INSURANCE REQUIREMENTS ON OUR LOAN, IF APPLICABLE.

Borrower:	Date:	Tax ID #:	Date:
Officers/Members:		Title:	% of Ownership Interest
Signature:			
Signature:			
Signature:			
Signature:			
Guarantor(s):		Print Name Below	Title
Signature:	Date:		
Signature:	Date:		



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Commercial/Business Loan Loan Application

IMPORTANT: Read these directions before completing this application.
If this is an application for joint credit with another person, complete all sections, providing information about the joint applicant. We intend to apply for joint credit.

Applicant Signature _____

Co-Applicant Signature _____

Credit Requested

Amount Requested	Term of Credit Requested	Loan Type
Purpose of Loan: Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Repairs or Improvements (Attach Cost Estimates) <input type="checkbox"/> Other (Explain) <input type="checkbox"/>		

Borrower Information

Borrower(s)			Individuals <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/>		
Street Address			Tax ID Number(s)		Year Established
City	State	Zip	Trading Name		
Email Address(es)			Business Phone Number		Cell Phone Number
Offices or Principals Name (If a Business)			Title		Percentage Ownership

Accountant Name & Phone Number		Accountant Address		
Name		Street		
Phone		City	State	Zip

Attorney Name & Phone Number		Attorney Address		
Name		Street		
Phone		City	State	Zip

Current Deposit Bank		Bank Address		
Name		Street		
		City	State	Zip

Collateral Information

Collateral Property Address			Property Description			
Block	Lot	# of Units	Purchase Price	Cash Down Pymt.	Seller Financing	Loan Amount
If Seller Held or Subordinate Financing: Name & Address			Amount	Interest Rate	Monthly Pymt.	Length of Loan



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Commercial/Business Loan Loan Application

Loans Payable (Banks & Others)

Lender	Type of Loan	Collateral	Loan Balance	Monthly Payment	Interest Rate

Other Relevant Information

Please use this space below to provide other information you consider relevant to this application

Required Attachments

- | | |
|--|--|
| <input type="checkbox"/> Agreement of Sale (If purpose of the Loan is a Real Estate Purchase) | <input type="checkbox"/> Copies of All Leases (If collateral is Rental property) |
| <input type="checkbox"/> Personal Financial Statement (Each Individual, Officer or Principal) | <input type="checkbox"/> Business Tax Returns (3 years on Borrower or Business being acquired) |
| <input type="checkbox"/> U.S. Individual Tax Returns (3 years on each individual, officer/principal) | <input type="checkbox"/> 3 years of Rents & Expenses from current owner (if rental property) |

Representations and Warranties

The information contained in this application is provided to induce 1st Bank of Sea Isle City to extend credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct and complete.

You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorizes any person or credit reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. This commercial credit application and any other financial information that the undersigned gives you shall be your property.

Officer Signature		Date
Officer Signature		Date
Officer Signature		Date
Officer Signature		Date



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Personal Financial Statement

PERSONAL FINANCIAL STATEMENT AS OF:

DATE: _____

IMPORTANT: Read these directions before completing this application. If this is an application for joint credit with another person, complete all sections, providing information about the joint applicant. We intend to apply for joint credit.

Applicant Signature _____

Co-Applicant Signature _____

Personal Information

Applicant Name			Joint-Applicant Name		
Street Address		# of Years	Street Address		# of Years
City	State	Zip	City	State	Zip
Home Phone	SS#	Date of Birth	Home Phone	SS#	Date of Birth
Mobile Number	Email Address		Mobile Number	Email Address	
Previous Address (If at current less than 3 years)		# of Years	Previous Address (If at current less than 3 years)		# of Years
Employer			Employer		
Employer Address		# of Years	Employer Address		# of Years
Business Phone Number	Title/Position		Business Phone Number	Title/Position	
Previous Employer (If with current less than 3 years)		# of Years	Previous Employer (If with current less than 3 years)		# of Years
Accountant Name	Phone		Accountant Name	Phone	
Accountant Address			Accountant Address		
Attorney Name	Phone		Attorney Name	Phone	
Attorney Address			Attorney Address		

Annual Income

Please attach U.S. Individual Tax Returns for Applicant & Joint-Applicant as follows:

- Most recent tax year (If updating and existing 1st Bank of Sea Isle City Personal Financial Statement)
- Past 2 Tax years (If this is a new application for credit)

Do you expect any significant changes in your income(s) in the next 12 months? _____ No _____ Yes (If yes, please explain below)



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Personal
Financial Statement p. 2

Balance sheet as of:

Assets	Amount (\$)	Liabilities	Amount (\$)
Cash in 1 st Bank of Sea Isle City		Loans payable to 1 st Bank of Sea Isle City	
Cash in other Financial Institutions (List):		Accounts payable	
		Margin Accounts	
		Federal & State Income Taxes payable	
		Residential Real Estate Mortgage Debt (Sched. D)	
		Investment Real Estate Mortgage Debt (Sched. E)	
Marketable securities (Schedule A)		Life Insurance Loans (Schedule F)	
Non-Marketable securities (Schedule B)		Loans payable to others (Schedule H)	
Accounts, Loans & Notes receivable (Schedule C)		Credit Card Debt	
Residential real estate (Schedule D)		Other Debts/Liabilities (List):	
Investment Real Estate (Schedule E)			
Cash Value Life Insurance (Schedule F)			
Partnerships, LLC's & Closely held CO. (Sched. G)			
Retirement Accts. (IRA, 401K, Keogh, etc.)			
Personal property (Including automobiles)			
Other assets (list):			
		Total Liabilities	\$
Total Assets	\$	Net Worth	\$

Schedule A - Readily Marketable Securities (Stocks, Bonds, Brokerage Accounts)

# of Shares or Account #	Description of Security or Brokerage Name	Owner(s)	Current Value	Pledged?

(If not enough space, attach schedule or Brokerage Statement and enter totals only.)

Schedule B - Non-Marketable Securities (Thinly traded or Restricted Stocks)

# of Shares	Description	Owner(s)	Where held	Current Value	Pledged?

Schedule C - Accounts, Loans & Notes Receivable

Name & Address of Debtor	Loan Date	Description of Collateral	Monthly Payment	Balance (\$)



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Personal Financial Statement p. 3

Schedule D - Residential Real Estate (Primary Residence & Vacation Homes)

Deeded Owner & Property Address	Purchase		Market Value	Loan Balance	Monthly Payment	Interest Rate	Lender
	Year	Price					
			\$	\$	\$	%	
			\$	\$	\$	%	
			\$	\$	\$	%	
			\$	\$	\$	%	
			\$	\$	\$	%	

Schedule E - Investment Real Estate (Residential & Commercial)

Deeded Owner & Property Address	Purchase		Market Value	Loan Balance	Monthly Payment	Interest Rate	Lender
	Year	Price					
			\$	\$	\$	%	
			\$	\$	\$	%	
			\$	\$	\$	%	
			\$	\$	\$	%	
			\$	\$	\$	%	

Schedule F - Life Insurance

Insurance Company	Face Value	Beneficiary	Cash Value	Amount Borrowed

Schedule G - Partnerships, Limited Liability Companies & Closely held Corporations*

Name of Company	Type (LLC, Partnership, Corp.)	Percent Owned	Nature of Business	Value

(*Note: If any Company represents a material portion of your total assets, please attach the company(s) Financial Statements or Tax Returns)



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**Personal
Financial Statement p. 4**

Schedule H - Loans Payable (Banks & Others)

Lender	Type of Loan	Collateral	Loan Balance	Monthly Payment	Interest Rate
			\$	\$	%
			\$	\$	%
			\$	\$	%
			\$	\$	%
			\$	\$	%

Please answer the following questions:

	Yes	No	Amount
Are you a Guarantor or Co-Maker for any debt or lease of an individual, Corporation or Partnership?			\$
Are there any suits or legal actions pending against you or your companies?			\$
Are there any of you or your Company's tax obligations past due?			\$
Are you obligated to pay alimony, child support or separate maintenance?			\$
Are any of you or your Company's Federal or State Tax returns currently being audited or contested?			\$
Have you or your Company(s) ever declared bankruptcy?			\$
Are any of you or your company's tax obligations past due?			\$

If yes for any of the above, please give details:

Representations and Warranties

The information contained in this statement is provided to induce 1st Bank of Sea Isle City to extend or continue the extension of credit to the or to the others upon the guarantee of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete.

Each of the undersigned agrees to notify you immediately in writing of any change in name, address or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable, even after credit has been given to the undersigned.

You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorizes any person or consumer credit reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply an updated personal financial statement. The personal financial statement and any other financial information that the undersigned gives you shall be the property of 1st Bank of Sea Isle City.

Applicants Signature:

Date:

Joint-Applicants Signature:

Date:

(If requesting a Joint financial accommodation)



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Business Financial Statement

Name of Business:	Applicant Name:
Prepared by:	Title (Position):
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Statement of financial condition as of:	
For the period:	to

(Round to the nearest hundred)

Current Assets	Amount (\$)	Current Liabilities	Amount (\$)
Cash in 1 st Bank of Sea Isle City	\$	Accounts payable (Schedule 6)	
Cash in other Financial Institutions (Schedule 1A)		Accrued Interest on Borrowings	
Certificates of Deposit (Schedule 1B)		Notes Payable-Current portion	
Stocks, Bonds & Other Marketable securities (Schedule 2)		Accrued taxes on Real Estate (Schedule 7)	
Accounts, Loans & Notes receivable (Schedule 3)		Accrued Taxes, Other (Schedule 7)	
Advances to Employees		Other current payables (List):	
Prepaid Expenses (Schedule 4)			
Partnerships, LLC's & Closely held CO. (Sched. 5)			
Other assets (List):			
Total Current Assets	\$	Total Current Liabilities	\$

Fixed Assets	Long-Term Liabilities
Real Estate & Buildings (Schedule 5)	
Less: Accumulated Depreciation	
Furniture, Equipment & Vehicles	
Less: Accumulated Depreciation	
Other Fixed Assets: (List)	
Total Assets	Total Long-Term Liabilities
\$	\$

Net Worth or Stockholders Activity	\$	
(Schedule 8)		
Total Liabilities & Net Worth	\$	



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Business Financial Statement

Schedules

Schedule 1A - Cash in Financial Institutions

Name of Financial Institution and Address	Account in Name of	Type of Account	Account Number	Balance
			TOTAL	\$

Schedule 1B- Certificates of Deposit

Name of Financial Institution and Address	Account in Name of	If pledged, State to whom	Maturity Date	Account Number	Balance
				TOTAL	\$

Schedule 2 - Stocks, Bonds & Other Marketable Assets

Face Value of Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Income Received Last year	If pledged, State to Whom	Present Market Value
					TOTAL	\$

Schedule 3 - Accounts, Loans & Notes Receivable

Name and Address of Debtor	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected	Amount Owning
				TOTAL	\$

Schedule 4 - Prepaid Expenses

Type of Prepaid	To Whom Paid	Expiration Date	Original Amount	Current Balance
			TOTAL	



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Business Financial Statement

Schedule 5 - Real Estate & Buildings

Location or Street # & Description	Mortgages or Liens	Due Dates & Payment Amount	Unpaid Taxes		Cost	Present Market Value
			Year	Amount		
TOTAL					\$	

Schedule 6 - Accounts Payable

Nature of Account	Payable to	When Due	Amount Due
TOTAL			\$

Schedule 7 - Accrued Taxes

Type of Tax	Payable To	When Due	Amount Due
TOTAL			

Schedule 8 - Net Worth or Stockholders' Equity

CORPORATIONS

Type	Amount
Common Stock (____ Shares)	
Preferred Stock	
Additional Paid-In Capital	
Retained Earnings	
Total	

I hereby certify under penalty of perjury that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is correct and complete and further acknowledge that there are no misrepresentations or omissions of material facts.

Dated and signed this _____ day of _____, 20____

Signature _____ Printed Name _____



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**General
Credit Authorization Letter**

Borrower 1			
Address	City	State	Zip
Borrower 2			
Address	City	State	Zip

To Whom It May Concern:

I/We have applied for credit and hereby authorize you to release to 1st Bank of Sea Isle City, the requested information on the attached form concerning:

1. Employment history, dates, title, income, hours worked, etc.
2. Banking and Savings accounts of record.
3. Mortgage Loan Rating (opening date, high credit, payment amount, loan balance and payment record)
4. Any information necessary in connection with a consumer credit report for an application of credit.
5. Payoffs and authorization for closing/freezing revolving credit to further advances.
6. Re-Verification of information after closing for quality assurance needs.

The information is for the confidential use of the lender in determining my/our credit worthiness for a consumer loan or to confirm information that has been supplied. In addition, I/We are aware that the documentation supplied is subject to Re-verification after the date of the loan disbursement.

A photographic or fax copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed form is maintained in the 1st Bank of Sea Isle City file.

Your prompt reply is appreciated.

Signed,

Borrower:	Date:	Tax ID #:	Date:
Officers/Members:		Title:	% of Ownership Interest
Signature:			
Signature:			
Signature:			
Signature:			
Guarantor(s):		Print Name Below	Title
Signature:	Date:		
Signature:	Date:		



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Credit Report Authorization Form

Acknowledgement

In connection with all loan applications and/or requests for financing, 1st Bank of Sea Isle City utilizes Factual Data as the authorized consumer credit report provider. Credit report inquiries made by 1st Bank of Sea Isle City will appear on the inquiring parties list as Factual Data.

1st Bank of Sea Isle City intends to use the consumer credit report for the purpose of evaluating my financial status and creditworthiness.

The consumer credit report will be kept on file at 1st Bank Loan Center for use only by the lending staff. This information will not be disclosed to anyone without my written consent.

Furthermore, I understand that should I receive financing through 1st Bank of Sea Isle City updated credit reports may be obtained throughout the term of the loan.

Authorization is hereby granted to **1st Bank of Sea Isle City** to obtain a tri-merged consumer credit report on the undersigned borrower(s) for the purpose of evaluating the financial status. Photocopy or facsimile of this form may be deemed the equivalent of the original signed form to be maintained in the 1st Bank of Sea Isle City files.

_____ Borrower(s) Full Name	_____ Signature	_____ Date of Birth	_____ S.S. Number
--------------------------------	--------------------	------------------------	----------------------

_____ Present Address	_____ City	_____ State	_____ Zip Code
--------------------------	---------------	----------------	-------------------

_____ Co-Borrower(s) Full Name	_____ Signature	_____ Date of Birth	_____ S.S. Number
-----------------------------------	--------------------	------------------------	----------------------

_____ Present Address	_____ City	_____ State	_____ Zip Code
--------------------------	---------------	----------------	-------------------



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Release Authorization

To: 1st Bank of Sea Isle City is hereby authorized to disclose to:

Name		Company	
Address	City	State	Zip

The terms and conditions of any mortgage loan commitment it may issue to me/us, pursuant to my/our mortgage application submitted herewith.

- ☐ 1st Bank of Sea Isle City may take the disclosure by sending a copy of the commitment directly to the party indicated above.
- ☐ I/we do not authorize release of this information.

Borrower:	Date:	Tax ID #:	Date:
Officers/Members:		Title:	% of Ownership Interest
Signature:			
Signature:			
Signature:			
Signature:			
Guarantor(s):		Print Name Below	Title
Signature:	Date:		
Signature:	Date:		



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DISCLOSURE OF RIGHT TO RECEIVE COPY OF APPRAISAL

We may order an appraisal to determine the property value and charge you for this appraisal. We will promptly give you a copy of the appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

By signing below, Applicant acknowledges receipt of this appraisal notice.

Applicant

Date

Applicant

Date

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal Law (IRC §7216) requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing your tax return. If you consent to the disclosure of your tax return information, Federal Law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Please complete:

- Purpose for forwarding information:

As per my/our contractual agreement associated with a Commercial/Business Loan at 1st Bank of Sea Isle City

- Name and address to whom the information is being disclosed to:

1st Bank of Sea Isle City
Attn: Lauren Barnhart
137 J.F. Kennedy Blvd.
Sea Isle City, NJ 08243

Email: lbarnhart@1stbankseaisle.com

Fax: 609-263-9179

- Duration of consent: (If more than one year) _____

I, _____, authorize _____ to disclose to 1st Bank of Sea Isle City my complete tax return(s) and updated Annual Statements of Financial Condition information for 20____.

Accountant Email: _____

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Note: If married, spouse signature is REQUIRED.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov



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How Did You Hear of 1st Bank?

Thank you for choosing 1st Bank of Sea Isle City for your Mortgage Loan.

We are very interested in hearing how you heard about 1st Bank. Please take a moment to complete this form, and return it along with your application.

Please make your choice(s) below and include name(s) and/or location:

- ☐ Branch Referral: _____
- ☐ Newspaper Ad: _____
- ☐ Personal Friend: _____
- ☐ Direct Mail Ad: _____
- ☐ Realtor: _____
- ☐ Other: _____

Please include your information below. Thank you for your patronage and we hope to be of continued service.

Borrower:	Date:	Tax ID #:	Date:
Officers/Members:		Title:	% of Ownership Interest
Signature:			
Signature:			
Signature:			
Signature:			
Guarantor(s):		Print Name Below	Title
Signature:	Date:		
Signature:	Date:		

Request for Transcript of Tax Return

OMB No. 1545-1872

► Request may be rejected if the form is incomplete or illegible.

► For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

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

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

- 6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 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 10 business days ☐
- c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

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

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

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, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign Here		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.

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. You can also designate (on line 5) a third party to receive the 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.

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 Transcript of Your Tax Records" 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 below shows two different addresses, send your request to the address based on the address of your most recent return.

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:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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 P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	801-620-6922
	859-669-3592

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

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

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

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

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. 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.

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.

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.

FACTS**WHAT DOES 1ST BANK OF SEA ISLE CITY
DO WITH YOUR PERSONAL
INFORMATION?****Why?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Account balances
- Credit history and Overdraft history
- Checking account information and Employment information

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons 1st Bank of Sea Isle City chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does 1st Bank of Sea Isle City share?	Can you limit this sharing?
For our everyday business purposes-- such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes-- to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes-- information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes-- information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

Call 609-263-4102 or go to www.1stbankseaisle.com

What we do

How does 1st Bank of Sea Isle City protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does 1st Bank of Sea Isle City collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> - Open an account or Apply for a loan - Use your credit or debit card or Give us your contact information - Show your driver's license <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> - sharing for affiliates' everyday business purposes - information about your creditworthiness - affiliates from using your information to market to you - sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>

Definitions

Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> - <i>1st Bank of Sea Isle City has no affiliates.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> - <i>1st Bank of Sea Isle City does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> - <i>1st Bank of Sea Isle City doesn't jointly market.</i>