

# Oregon State Lottery

## Personal Disclosure Form

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Name

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Business Name



Investigations  
Conducted by  
Oregon State Police

January 2008

## PERSONAL DISCLOSURE GENERAL INSTRUCTIONS

Hand-print or type an answer to every question. If a question does not apply to you, state N/A. If space available is insufficient, continue on a separate sheet and precede each answer with the appropriate title (and number). Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page as provided in lower, right-hand corner. By placing his/her initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

### **PLEASE ENCLOSE TWO (2) FINGERPRINT CARDS OF APPLICANT.**

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a contract or agreement.

The applicant is hereby advised that he/she is seeking the granting of a contract and that the burden of proving qualification for a favorable determination is at all times on the applicant. In compliance with Public Law 93-579 7 (5 USC 552(a)), you are hereby notified that the disclosure of your social security number is voluntary. It will be used to obtain a credit history and to check criminal history records. Your refusal to provide your social security number for this purpose will delay processing of your application.

**AFFIX A PHOTOGRAPH OF APPLICANT HERE  
THAT WAS TAKEN WITHIN THE PAST YEAR**

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



### 3. FAMILY INFORMATION

**Children and Dependents:** List all children, including stepchildren and adopted children and give the following information:

<u>Name</u>	<u>DOB</u>	<u>Residence Address (street, city, state, zip)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parents:** List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, or legal guardian. Indicate if retired or deceased and list last address and occupation.

<u>Full Name (Maiden)</u>	<u>DOB</u>	<u>Address (street, city, state, zip)</u>	<u>Occupation</u>
Father: _____	_____	_____	_____
Mother: _____	_____	_____	_____
Father-in-Law: _____	_____	_____	_____
Mother-in-Law: _____	_____	_____	_____

**Brothers and Sisters/Step-Brothers and Step-Sisters:** List names, residence addresses, dates of birth, and most recent occupations of brothers and sisters and step-brothers and step-sisters.

<u>Full Name (Maiden)</u>	<u>DOB</u>	<u>Address (street, city, state, zip)</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 4. EDUCATION

<u>Name of School</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Graduated—Yes/No</u>
Grammar School	_____	_____	_____
High School	_____	_____	_____
College/University	_____	_____	_____
Other	_____	_____	_____

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

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

**5. MILITARY INFORMATION:**

Have you ever served in any armed forces?  Yes  No

If yes, attach a copy of your DD214.

Branch: \_\_\_\_\_ Date of entry—active service: \_\_\_\_\_

Date of separation: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Rank at separation: \_\_\_\_\_ Serial Number: \_\_\_\_\_

If in the military service, were you ever arrested for an offense which results in summary action, a trial, or special or general court martial?  Yes  No

If yes, furnish details on a separate page.

**6. RESIDENCES**

List all residences you have had for the last 10 years.

<u>Month and Year</u> (From—To)	<u>Street and Number</u>	<u>City</u>	<u>State/Zip</u>

**7. EMPLOYMENT**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment for the past 10 years. Also list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity. Mark “yes” under “Gaming Present” (including lottery tickets) if coin or token/operated video card games were on the premises during the period of your employment or if any form of gambling took place on the premises during the period of your employment.

Month and Year (From-To)	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Supervisor's Name	Gaming Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type

Monthly Salary or Hourly Wage \_\_\_\_\_

Month and Year (From-To)	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Supervisor's Name	Gaming Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type

Monthly Salary or Hourly Wage \_\_\_\_\_

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

Month and Year (From-To)	Name/Mailing Address of Employer/Business	Reason for Leaving		
Title	Description of Duties	Supervisor's Name	Gaming Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type
Monthly Salary or Hourly Wage				

Month and Year (From-To)	Name/Mailing Address of Employer/Business	Reason for Leaving		
Title	Description of Duties	Supervisor's Name	Gaming Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type
Monthly Salary or Hourly Wage				

Month and Year (From-To)	Name/Mailing Address of Employer/Business	Reason for Leaving		
Title	Description of Duties	Supervisor's Name	Gaming Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type
Monthly Salary or Hourly Wage				

If additional space is needed, continue on separate sheet.

**8. CHARACTER REFERENCES**

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

<u>Name and Where Employed</u>	<u>Street, City, State/Zip</u>	<u>Telephone</u>	<u>Years Known</u>
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Name	Home		
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Employer	Business		
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<u>Name and Where Employed</u>	<u>Street, City, State/Zip</u>	<u>Telephone</u>	<u>Years Known</u>
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Name	Home		
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Employer	Business		
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<u>Name and Where Employed</u>	<u>Street, City, State/Zip</u>	<u>Telephone</u>	<u>Years Known</u>
--------------------------------	--------------------------------	------------------	--------------------

Name	Home		
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Employer	Business		
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<u>Name and Where Employed</u>	<u>Street, City, State/Zip</u>	<u>Telephone</u>	<u>Years Known</u>
--------------------------------	--------------------------------	------------------	--------------------

Name	Home		
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Employer	Business		
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Applicant's Initial \_\_\_\_\_



Have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant? (other than divorces)  Yes  No

If yes, list all cases without exception in any state, jurisdiction, or county.

<u>Plaintiff/Defendant</u>	<u>Court and Case Number</u>	<u>City, County, and State</u>	<u>Disposition</u>
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Have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a defendant in any civil lawsuit which was predicated in whole or in part upon conduct which allegedly constituted a crime or crimes?  Yes  No

If yes, furnish details on a separate page.

Have you as an individual, member of a partnership, owner, director, or officer of a corporation ever been a party to a bankruptcy filing?  Yes  No

Is there a tax lien on your income or assets?  Yes  No  
If yes, furnish details on a separate page.

2. Have you ever held a privileged or professional license in any state, including but not limited to the following?  Yes  No

- |                                |                           |
|--------------------------------|---------------------------|
| Liquor                         | Boxing Promoter           |
| Real Estate Broker or Salesman | Race Horse/Race Dog Owner |
| Accountant                     | Jockey                    |
| Lawyer                         | Trainer or Manager        |
| Doctor                         | Securities Dealer         |
| Gaming or Gambling             | Alcohol Serving Permit    |

If yes, state type of license, where, years held, and the nature of any disciplinary actions taken against you.

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3. Have you ever held a financial interest in a gambling venture, including a race track, dog track, race horse or race dog, lottery, casino, bookmaking operation or pari-mutuel operation?  Yes  No

If yes, state when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners.

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



4. Have you ever owned, maintained, or operated any coin or token-operated gambling devices?  Yes  No

If yes, state when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners. (Provide complete information on a separate sheet. Include a detailed description of any owners, ownership percentages, and locations or contracts held in any gaming operation.)

**For questions 13-27, if the answer to any question is "Yes", provide complete details on a separate sheet and refer to the question by number.**

5. Have you ever appeared before any licensing agency or similar authority in or outside the State of Oregon for any reason whatsoever?  Yes  No

6. Have you ever applied for, sought renewal of, received, been denied, have pending, or ever had revoked a gaming license of any kind in any state or jurisdiction?  Yes  No

7. Do you conduct any business in any state(s) or jurisdiction(s) including Oregon? (If "Yes, indicate nature of the business, its name and address for each state or jurisdiction.)  Yes  No

8. Do you have any contracts in any state or jurisdiction to supply gaming goods or services including but not limited to lottery goods and services? (If "Yes", indicate the nature of goods and services involved for each state or jurisdiction.)  Yes  No

9. Have you ever held any federal, state, or local elective position?  Yes  No

10. Have you, within the past five years, contributed to any local, state, or federal political candidate or committee in this state where such contributions were reportable under any existing state or federal law?  Yes  No

11. Do you have a joint venture or other contractual agreement with any entity to supply any private businesses, Indian Tribes, state or jurisdiction with gaming goods or services?  Yes  No

12. Have you ever been the subject of any order, judgment, or decree of any court of competent jurisdiction permanently or temporarily enjoining your right to engage in any type of professional or business practice or activity?  Yes  No

13. Have you ever been the subject of any order, judgment, or decree of any court of competent jurisdiction permanently or temporarily enjoining your right to engage in any type of professional or business practice or activity?  Yes  No

14. Do you know of any economic interest held in your business by any person employed by or who is an official of the State of Oregon?  Yes  No

15. Do you have any relatives associated with or employed in the gaming, liquor, coin or token-operated gambling device industry?  Yes  No  
If yes, state name, relation, and association or employment.

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

- 16. Do you have any personal or business relationship with an Oregon Lottery employee or official?  Yes  No
  - 17. Do you have a financial interest or ownership in any known Oregon Lottery vendor or contractor?  Yes  No
  - 18. To the best of your knowledge, have you ever been employed by or associated with any business or person connected in any way with an illegal gambling or gaming enterprise?  Yes  No  
If yes, provide complete details of what, when, where, and with whom.
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- 19. Have you engaged in any type of unlawful gambling or gaming?  Yes  No  
If yes, provide details of what type, when, where, and to what extent.
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- 20. Have you ever served as a Lobbyist for any corporation or business?  Yes  No  
If yes, provide details on a separate page, along with a copy of your Lobbyist registration form.

**SECTION 3  
FINANCIAL INFORMATION**

- 1. Will you actively participate in the management and operation of the applicant?  Yes  No  
If yes, provide in the space below the type of involvement. If additional space is needed, provide this information on a separate sheet of paper.
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- 2. Have you provided any loans, investment capital, monetary advances, or other extensions of credit to the applicant?  Yes  No  
If yes, provide the amount, source, and attach a copy of any written agreement or a written summary of any verbal agreement. If additional space is needed, provide this information on a separate sheet of paper.
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- 3. Has your ownership interest in the applicant been assigned or pledged as security to any person, creditor, or lending institution?  Yes  No  
If yes, provide name of person, creditor, or lending institution and nature of agreement in the space provided and attach a copy of the written agreement or written summary of any verbal agreement. If additional space is needed, provide this information on a separate sheet of paper.
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Applicant's Initial \_\_\_\_\_

4. Have you ever been involved in any bankruptcy proceeding in any jurisdiction (other than as a creditor)?  Yes  No  
If Yes, indicate the state or other judicial jurisdiction (district), date of filing of bankruptcy petition, type of bankruptcy proceeding, suit number, and disposition of suit. If additional space is needed, provide this information on a separate sheet of paper.
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5. Have your Federal Income Tax Returns ever been audited?  Yes  No  
If yes, provide year(s) in the space provided.
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6. Have your State Income Tax Returns ever been audited?  Yes  No  
If yes, provide year(s) in the space provided.
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7. Have you ever been delinquent on any Federal Income Taxes owed?  Yes  No  
If yes, indicate year(s), amount delinquent, and current disposition in the space provided.
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8. Have you ever been delinquent on any State Income Taxes owed?  Yes  No  
If yes, indicate year(s), amount delinquent, and current disposition in the space provided.
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- 
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9. Have you ever been delinquent on any Parish/County Taxes owed?  Yes  No  
If yes, indicate period(s), amount delinquent, and current disposition in the space provided.
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**10. REQUEST FOR TRANSCRIPT OF TAX RETURN**

Complete the attached "Request for Transcript of Tax Return" form and return with this application. The "Request for Transcript of Tax Return" form is completed.  Yes

<b>SECTION 4 INTERNET PRESENCE QUESTIONS</b>
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1. Do you now or have you ever maintained an Internet presence in any form such as a website or blog?  Yes  No

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

List those sites: (If a site is no longer available, list that also.)

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2. Are you now, or have you ever been aware of an Internet site that featured you in a story or that posted pictures, video, or audio in which you were a featured subject?  Yes  No

List those sites: (If you do not know the site address, please provide search terms that might be used to find the site again.)

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3. Do you currently or have you ever posted comments to a website or blog while presenting yourself as a subject matter expert in any field?  Yes  No

List the sites and screen or user name(s) you used:

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4. Please list all present and past usernames you have used to identify yourself while using the Internet:

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

## FINANCIAL RECORDS DISCLOSURE AUTHORIZATION

TO ANY FINANCIAL INSTITUTION:

I authorize and direct you to disclose any and all records and to deliver true copies thereof concerning or pertaining in any way to me or to the undersigned business to any law enforcement officer of the State of Oregon and to the Office of the Assistant Director for Security, Oregon State Lottery. Disclosure is authorized for any civil, administrative, or criminal action which may be undertaken by the State of Oregon against me or any other person or business. Further, I authorize and direct you to honor a true copy of the original of this authorization as if the copy were the original itself.

NOTICE TO APPLICANT:

I understand that pursuant to ORS 192.560(2)(d), I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Office of the Director, Oregon State Lottery, certified mail, return receipt requested.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Title

Subscribed and Sworn to before me  
this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_,  
at \_\_\_\_\_,  
City State

(SEAL)

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Print Name

My Commission Expires \_\_\_\_\_

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



# SWORN STATEMENT AND DEPOSITION

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, depose and say that I have read the above and attached statements, documents, information, and diagram, and that they are true and correct to the best of my knowledge and belief. Further, this statement is executed with the knowledge that misrepresentation or failure to disclose made in the above disclosure may be deemed sufficient cause for the refusal by the Oregon State Lottery to execute any contract or agreement. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements, documents, information, and diagram may be grounds for the cancellation of an existing contract or agreement. Further, that I am voluntarily submitting this disclosure under oath with the full knowledge that Oregon Revised Statute 162.075, False Swearing, provides that, "(1) A person commits the crime of false swearing if the person makes a false sworn statement, knowing it to be false, and (2) False Swearing is a Class A Misdemeanor." I understand that the provision of false information in this disclosure form constitutes the crime of False Swearing, under ORS 162.075.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

I, (Representative's name) \_\_\_\_\_, do hereby certify that I have prepared this document on behalf of the vendor/company/applicant. That I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Subscribed and Sworn to before me  
this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_,  
at \_\_\_\_\_, \_\_\_\_\_  
City State

(SEAL)

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

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

Form **4506-T**

(Rev. November 2005)  
Department of the Treasury  
Internal Revenue Service

**Request for Transcript of Tax Return**

- ▶ Do not sign this form unless all applicable lines have been completed.  
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

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

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

**Lottery Security Section/Oregon State Lottery**  
**PO Box 12649/ Salem OR 97309**

**Caution:** If a third party requires you to complete Form 4506-T, do not sign Form 4506-T if lines 6 and 9 are blank.

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

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

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

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

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

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days.

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

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

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	



## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived 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.

**Note.** If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810  978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341  678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team 3651 South Interregional Hwy. Stop 6716 AUSC Austin, TX 78741  512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team 5045 E. Butler Ave. Stop 38101 Fresno, CA 93727  559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team 2306 E. Bannister Road Stop 6705-B41 Kansas City, MO 64130  816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695  215-516-2931

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695  215-516-2931

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

**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 60 days of the date signed by the taxpayer or it will be rejected.

**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.

**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. Sections 6103 and 6109 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, and the District of Columbia 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, 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 the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



# TAX COMPLIANCE CERTIFICATION

FOR OFFICE USE ONLY	
Date Received	

• Please print using blue or black ink. • Return your completed form to the address below.

### PART 1 – TO BE COMPLETED BY APPLICANT

Applicant Name (last, first, middle initial)		Check One <input type="checkbox"/> Owner <input type="checkbox"/> Employee		Social Security Number (SSN)*	
Street Address		City		State	ZIP Code
Business Name				Federal Employer Identification Number (FEIN)	
DBA (doing business as), if applicable				Oregon Business Identification Number (BIN)	
Business Street Address		City		State	ZIP Code
Business Daytime Telephone Number ( )		Fax Number ( )		Other Telephone Number ( )	
Type of Business (check one): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____					
Did you have employees working for you within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____					
Do you expect to have employees working for you within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____					
Have you done business under any other business name(s) or federal employer identification number(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below:					
Name(s):			FEIN(s):		

### AUTHORIZATION

I hereby authorize the Oregon Department of Revenue and its employees to disclose to the Oregon State Lottery/State Police whether or not the applicant or entity named above has filed all required tax returns and/or whether the applicant or entity has paid all taxes due, which includes adherence to an acceptable payment plan. This authorization applies to the three tax years preceding and for any tax years subsequent to the date of this authorization. This authorization applies to the individual applicant and the business entity, including all business owners indicated above. This authorization remains in effect until June 26, 2010 or until the Oregon Department of Revenue receives a notice of revocation from the taxpayer, whichever is sooner. This authorization is intended to designate the Oregon State Lottery to receive tax compliance information for the persons and tax years indicated. Oregon Revised Statute (ORS) 305.193, Oregon Administrative Rule (OAR) 150-305.193

Signature X	Print Name	Date
Title (if applicable)		Daytime Telephone Number ( )

### PART 2 – TO BE COMPLETED BY DEPARTMENT OF REVENUE STAFF ONLY

Oregon Department of Revenue Tax Compliance Certification:  In Compliance  Not in Compliance

Signature of Department of Revenue Certifying Official X	Title	Date of Compliance Certification
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#### Taxpayer assistance

General tax information.....[www.oregon.gov/DOR](http://www.oregon.gov/DOR)  
 Salem .....503-378-4988  
 Toll-free from an Oregon prefix ..... 1-800-356-4222

Fax to: 503-945-8735

— or —

#### Asistencia en español:

Salem .....503-945-8618  
 Gratis de prefijo de Oregon..... 1-800-356-4222

Mail to: **PTAC, Compliance & Filing Enforcement**  
**Oregon Department of Revenue**  
**955 Center St NE**  
**Salem OR 97301-2555**

#### TTY (hearing or speech impaired; machine only):

Salem .....503-945-8617  
 Toll-free from an Oregon prefix ..... 1-800-886-7204

**Americans with Disabilities Act (ADA):** Call one of the help numbers for information in alternative formats.

\* The submission of your Social Security number is voluntary. It will be used only for identification purposes to verify tax compliance as part of your application for a license, contract, or employment. Failure to provide it may result in a delay of the application and certification process. The statutory or other authority to request for Social Security number is provided by \_\_\_\_\_

