

Oregon State Lottery

Sensitive Procurement Vendor Disclosure

Business Name



Investigations
Conducted by
Oregon State Police

January 2008

SENSITIVE PROCUREMENT DISCLOSURE INFORMATION FORM

Name of Business Entity: _____

Address: _____

Contact Person: _____

Telephone Number: _____

GENERAL INSTRUCTIONS

Read every question carefully prior to responding. Answer every question completely.

- All entries on this form must be typed or neatly printed except for signatures.
- If a question does not apply, so state with N/A in the response to that question. If there is nothing to disclose as to a particular question, state "None" in response to that question.
- If space available is insufficient, continue on a separate sheet and precede each answer with the appropriate title and section number.
- The applicant company president, CEO, or company representative must initial each page as provided in lower right-hand corner. The applicant is attesting to the accuracy and completeness of the information contained on that page.
- All applicants are advised that this Vendor Disclosure 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 and cause for possible criminal prosecution.
- Return the completed Procurement Disclosure Form (original) to the Oregon State Lottery, Assistant Director for Security, 500 Airport Road, SE, Salem, OR 97301.

Applicant's Initial _____

- (4) which is wholly or partially owned by a corporation or business entity which is owned in whole or in part by the applicant.

Name (Last)	(First)	(MI)	Title	Other	DOB
Address			(City/State/Zip)	SSN	
Name (Last)	(First)	(MI)	Title	Other	DOB
Address			(City/State/Zip)	SSN	
Name (Last)	(First)	(MI)	Title	Other	DOB
Address			(City/State/Zip)	SSN	
Name (Last)	(First)	(MI)	Title	Other	DOB
Address			(City/State/Zip)	SSN	
Name (Last)	(First)	(MI)	Title	Other	DOB
Address			(City/State/Zip)	SSN	

3. List each Officer, Director, Partner, Member, or Stockholder who is actively involved in the conduct of the day-to-day operation as it relates to the Oregon Lottery:

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Telephone Number: _____	Telephone Number: _____

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Telephone Number: _____	Telephone Number: _____

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Telephone Number: _____	Telephone Number: _____

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Telephone Number: _____	Telephone Number: _____

Applicant's Initial _____

4. **List the Business's Certified Public Accountants:**

Internal:

External:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone Number: _____

5. **Gaming/Gambling Licenses, Goods, and Services**

Has this company ever held or does it now hold any gambling or gaming licenses or permits in any jurisdiction? Yes No

(a) If YES, list the license or permit type, license number (if applicable), jurisdiction, regulatory agency, agency address, agency contact person, agency telephone, date of licensing or permit, and license status, on a separate page.

(b) If any gaming license has been revoked or suspended, provide complete details on separate page.

(c) List all states or places where your company contracts to supply gaming goods or services and to whom those goods or services are provided, on a separate page.

6. **Governing Board Members and Control Persons who are or have been Oregon State Employees:**

List all governing board members who are or have been Oregon State employees, showing their names, position or title, and state agency employer on a separate page. None

7. **Control Persons/Subcontractors who are Immediate Family Members of Oregon Lottery Employees:**

If a CONTROL PERSON or subcontractor of the business, or any employee of either is assigned to an Oregon Lottery project, is an immediate family member of any Lottery employee, or has a close personal relationship to any Lottery employee, indicate each such person and Lottery employee.

<u>Person (Vendor)</u>	<u>Relationship</u>	<u>Employee (Lottery)</u>

**SECTION 2
LEGAL PROCEEDINGS**

1. **CRIMINAL INVESTIGATIONS**

Has the vendor, a subsidiary or intermediary company, parent company, or holding company, or related corporation or business entity ever been the subject of a GRAND JURY or CRIMINAL INVESTIGATION? Yes No

If Yes, provide complete details on separate sheet.

Applicant's Initial _____

2. **INDICTMENTS AND CONVICTIONS**

Has the vendor, a subsidiary or intermediary company, parent company, or holding company, related corporation or business entity, or any control person in any of the preceding ever been INDICTED, CONVICTED, or ARRESTED for any criminal offense? Yes No

If Yes, provide complete details on separate sheet.

3. **CIVIL ACTIONS**

Has the vendor, a subsidiary or intermediary company, parent company, holding company, related corporation, or business entity, or any control person in any of the preceding ever been involved 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, provide complete details on a separate sheet.

4. **Has the business or its officers or directors ever been the subject of antitrust violation allegations, trade regulation allegations, security judgments, or insolvency proceedings within the last 5 years?** Yes No

If yes, list the dates, natures and dispositions of any incidents:

5. **Has the business sustained a loss within the past 10 years where an insurance payment of \$50,000 or more was received?** Yes No

If yes, explain in detail listing the date of incident, nature of incident, disposition of incident, and name and address of insurance company making settlement:

6. **Has the business sustained a loss by fire where arson was suspected within the past 10 years?** Yes No

If yes, explain in detail listing the circumstances surrounding the fire and the name and address of the investigating agency:

7. **Has this business ever been in violation of any tax laws?** Yes No

Applicant's Initial_____

8. List all attorneys and law firms representing your company in the State of Oregon, including address and phone numbers.

<u>Attorney/Law Firm</u>	<u>Address</u>	<u>Phone Number</u>

<p>SECTION 3 FINANCIAL DATA</p>
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1. Has the business been deemed legally bankrupt or filed a petition for any type of bankruptcy or insolvency, under any bankruptcy or insolvency law, within the last 7 years? Yes No
If yes, complete the following:

Date Filed	Docket #	Name/Address of Court	Name/Address of Filing Party	Name/Address of trustee

2. List all holding companies, business organizations, other business entities, or individuals that hold any financial interest of 15% or more in the business:

3. List all persons or business entities with whom the business has contracts or agreements worth \$1,000,000 or more that exceed one year in duration:

4. Attach audited copies of your FINANCIAL STATEMENTS for the past three (3) years as prepared by a certified public accountant. Completed Yes No

5. Provide an organization chart of the business showing its relationship to existing parent, subsidiary or affiliated companies. Completed Yes No

6. Attach Personal Disclosure forms for each control person. Completed Yes No
Applicant's Initial_____

**AUTHORITY TO RELEASE CREDIT, CHARACTER,
AND CORPORATE HISTORY INFORMATION**

Having made application through the Oregon State Lottery, I hereby authorize a complete investigation of the corporation including corporate history, credit record, civil litigation, business records, corporate records history, corporate filings, banking records, criminal arrest, and indictments, by the Oregon State Police, the Office of the Assistant Director for Security, Oregon State Lottery, or another police agency authorized to conduct applicant investigations to ascertain any and all information which may concern corporate credit, character, or history, whether same is of record or not, and release your organization and all persons whomsoever from any charge because of furnishing said information. I authorize 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 Oregon State Lottery, Assistant Director for Security, 500 Airport Road, SE, Salem, OR 97301, by certified mail, return receipt requested.

That I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

Corporation Name (Please Print)

Name (Corporate Officer)

Signature

Date

Telephone

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 _____

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 Oregon State Lottery, Assistant Director for Security. 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.

INTEREST HOLDERS:

List on a separate sheet all holding companies, business organizations, or other entities which hold any financial interest in this company. Include persons and/or companies which have liens or other financial interest caused by company debt.

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 Oregon State Lottery, Assistant Director for Security, 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; (2) False swearing is a Class A Misdemeanor."

Company President/CEO _____
Signature

Printed Name Title

I, _____, do hereby certify that I have prepared this document on
Representative's Name
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**

Request for Transcript of Tax Return

(Rev. November 2005)

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Sign Here	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, 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 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: <input type="checkbox"/> In Compliance <input type="checkbox"/> Not in Compliance		
Signature of Department of Revenue Certifying Official X	Title	Date of Compliance Certification

Taxpayer assistance

General tax information..... 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 _____