



U.S. Small Business Administration DISASTER BUSINESS LOAN APPLICATION

OMB No.: 3245-0017
Expiration: 08/31/2021

FOR SBA INTERNAL USE ONLY

Date Received _____ Location _____ By _____

Physical Declaration Number

Economic Injury Declaration Number

FEMA Registration Number

(if known)

Filing Deadline Date

Filing Deadline Date

SBA Application Number

1. ARE YOU APPLYING FOR:

☐ **Physical Damage** -- Indicate type of damage

☐ **Real Property**

☐ **Business Contents**

☒ **Economic Injury (EIDL)**

☐ **Military Reservist EIDL (MREIDL)**

(complete the following)

* Name of Essential Employee _____

* Employee's Social Security Number _____

PLEASE PROVIDE ALL INFORMATION OR DOCUMENTATION REQUESTED IN THE ATTACHED FILING REQUIREMENTS.

* For information about these questions, see the attached Statements Required by Laws and Executive Orders.

Apply online at <https://disasterloan.sba.gov/ela/> OR send completed applications to:

U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, Texas 76155

2. ORGANIZATION TYPE *Sole Proprietors should complete form 5C

☐ Partnership

☐ Limited Partnership

☒ Limited Liability Entity

☐ Corporation

☐ Nonprofit Organization

☐ Trust

☐ Other: _____

3. APPLICANT'S LEGAL NAME

NMB Services, Inc.

4. FEDERAL E.I.N. (if applicable)

41-1234567

5. TRADE NAME (if different from legal name)

6. BUSINESS PHONE NUMBER (including area code)

320-555-1234

7. MAILING ADDRESS

☒ Business

☐ Home

☐ Temp

☐ Other

Number, Street, and/or Post Office Box
123 Maple Lane

City
Willmar

County
Kandiyohi

State
MN

Zip
56201

8. DAMAGED PROPERTY ADDRESS(ES)

(If you need more space, attach additional sheets.)

☒ Same as mailing address

BUSINESS PROPERTY IS:

☒ Owned

☐ Leased

Number and Street Name

City

County

State

Zip

9. PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO CONTACT FOR:

Loss Verification Inspection

Information necessary to process the Application

Name Ted Elliot

Name Ted Elliot

Telephone Number 320-555-3311

Telephone Number 320-555-3311

10. ALTERNATE WAY TO CONTACT YOU

☒ Cell Number 320-xxx-1234

☒ E-mail ted.elliott@gmail.com

☐ Fax Number

☐ Other

11. BUSINESS ACTIVITY: Retail Bakery Services

12. NUMBER OF EMPLOYEES (pre-disaster): 20

13. DATE BUSINESS ESTABLISHED: 08/15/2011

14. CURRENT MANAGEMENT SINCE: 08/15/2011

15. AMOUNT OF ESTIMATED LOSS:

If unknown, enter a question mark

☐ Real Estate

☐ Inventory

☐ Machinery & Equipment

☐ Leasehold Improvements

16. INSURANCE COVERAGE (IF ANY)

(If you need more space, attach additional sheets.)

Coverage Type: NA

Name of Insurance Company and Agent

Phone Number of Insurance Agent

Policy Number

17. OWNERS (Individuals and businesses.) (If you need more space attach additional sheets.)				Complete for each: 1) proprietor, or 2) limited partner who owns 20% or more interest and each general partner, or 3) stockholder or entity owning 20% or more voting stock.			
Legal Name Theodore Walter Elliot				Title/Office CEO	% Owned 50	E-mail Address ted.elliott@gmail.com	
SSN/EIN* 471-23-4567	Marital Status M	Date of Birth* 03/11/1970	Place of Birth* Willmar, MN 56201	Telephone Number (area code) 320-555-1234		US Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address 125 Cedar Lane			City Willmar		State MN	Zip 56201	
Legal Name Angel Marie Elliot				Title/Office COO	% Owned 50	E-mail Address angel.elliott@gmail.com	
SSN/EIN* 470-12-3456	Marital Status M	Date of Birth* 03/10/1970	Place of Birth* Willmar, MN 56201	Telephone Number (area code) 320-555-1234		US Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address 125 Cedar Lane			City Willmar		State MN	Zip 56201	
* For information about these questions, see the attached Statements Required by Laws and Executive Orders.							
Business Entity Owner Name Ted Elliot				EIN Same	Type of Business		% Ownership
Mailing Address				City	State	Zip Code	
E-mail Address					Phone		
18. For the applicant business and each owner listed in item 17, please respond to the following questions, providing dates and details on any question answered YES (Attach an additional sheet for detailed responses).							
a. Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawsuits against them? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
c. In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, FHA, VA, student, etc.), Federal contracts, Federal grants, or any child support payments? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
f. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, ACE, or Advisory Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
g. Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
19. Regarding you or any joint applicant listed in Item 17:							
a) are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) have you been arrested in the past six months for any criminal offense; c) for any criminal offense - other than a minor vehicle violation - have you ever: 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____							
20. PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event). It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures before any loan increase. By checking this box, I am interested in having SBA consider this increase. <input type="checkbox"/>							
21. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.							
Name and Address of Representative (please include the individual name and their company)							
_____ (Signature of Individual)				_____ (Print Individual Name)			
_____ (Name of Company)				_____ Phone Number (include Area Code)			
_____ Street Address, City, State, Zip				_____ Fee Charged or Agreed Upon			
Unless the NO box is checked, I give permission for SBA to discuss any portion of this application with the representative listed above. NO <input type="checkbox"/>							
AGREEMENTS AND CERTIFICATIONS							
On behalf of the undersigned individually and for the applicant business: I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application. If my/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds. I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan. I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross, Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance. I/We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex. I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We have not paid anyone connected with the Federal government for help in getting this loan. CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future. WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.							
SIGNATURE		_____ Sign in ink		TITLE		_____ DATE	

FEE DISCLOSURE FORM AND COMPENSATION AGREEMENT

For Agent Services In Connection With an SBA Disaster Assistance Loan

Loan applicant name:	ONLY APPLIES IF YOU PAID SOMEONE TO COMPLETE THE APPLICATION
Business Name (if different from Loan Applicant):	

Agent's Agreement: By signing this Agreement, the undersigned Agent agrees that it has not nor will not directly or indirectly charge or receive any payment in connection with the application for or making of the SBA loan except for services actually performed on behalf of Applicant and identified in this Agreement. The undersigned Agent certifies that the information provided in this Agreement accurately describes the type of services it has provided to the Applicant and that the compensation described in this Agreement is the only compensation that has been charged to or received from the Applicant or that will be charged to the Applicant as an Agent for services covered by this Agreement. False certifications can result in criminal prosecution under 18 U.S.C. § 1001 and other penalties provided under law.

Type of services Agent provided to applicant:			
<input type="checkbox"/> Loan packaging	<input type="checkbox"/> Financial statements or tax returns prepared specifically for the application	<input type="checkbox"/> Legal services performed specifically for loan closing	<input type="checkbox"/> Other (describe):

Total compensation charged to applicant: \$ _____

If the compensation exceeds \$500 for a disaster home loan or \$2500 for a disaster business loan, the Agent must attach a separate schedule itemizing 1) services performed, and 2) the hourly rate and the number of hours billed for that service.

Agent Name and Signature: By _____ _____ (Date)

(Signature of agent)

(Name of agent – please print)

(Business name of agent – please print)

(Business address of agent including zip code)

(Business address cont.)

☐ Agent is not a business owner or partner in the business

Applicant's certification: The undersigned Applicant certifies to SBA that the above representations and amounts are the only amounts paid by the Applicant in connection with the services covered by the Agreement and are satisfactory to the Applicant. False certifications can result in criminal prosecution under 18 U.S.C. § 1001 and other penalties provided under law.

_____ (Applicant's name)	By: _____ (Signature of authorized representative, if applicable)	_____ (Date)
_____ (Applicant's name -- please print)	_____ (Name of authorized representative -- please print)	



U. S. Small Business Administration

ADDITIONAL FILING REQUIREMENTS ECONOMIC INJURY DISASTER LOAN (EIDL), and MILITARY RESERVIST ECONOMIC INJURY DISASTER LOAN (MREIDL)

- * An EIDL is limited to providing working capital that is unavailable from other sources, as determined by the U.S. Small Business Administration (SBA), for an eligible business to continue operations until the effects of the declared disaster have passed.
- * A MREIDL is limited to providing working capital that is unavailable from other sources, as determined by the SBA, for an eligible business to continue operations until the effects of a call-up to active duty (as a result of a military conflict) of an essential employee have passed.
- * The APPLICANT must be a small business or small agricultural cooperative, as defined in SBA's published size standards, or an eligible private non-profit organization of any size.
- * The APPLICANT must establish that the claimed economic injury is substantial and is a direct result of the declared disaster. For MREIDL, the applicant must establish the claimed economic injury is substantial and is a direct result of the call-up of an essential employee. Substantial economic injury generally means a decrease in income from operations or working capital with the result that the business is unable to meet its obligations and pay ordinary and necessary operating expenses in the normal course of business.
- * The 1368 is required for an economic injury loan increase requests when supporting documentation is not available.

PROVIDE THE FOLLOWING INFORMATION IN ADDITION TO THE REQUIREMENTS ON THE "DISASTER BUSINESS LOAN APPLICATION," SBA FORM 5 Monthly Sales Figures

Provide monthly sales figures (you may estimate if actual figures are not available) beginning 3 years prior to the disaster and continuing through the most recent month available.

PLEASE NOTE: Identify any estimates with a small letter "e" after the number.

Month	Fiscal year 2017	Fiscal year 2018	Fiscal year 2019	Current year/ to date 2020
January	170000	175000	180000	190000
February	172000	177000	182000	187000
March	170000	175000	180000	75000
April	165000	170000	175000	
May	160000	165000	170000	
June	150000	155000	160000	
July	150000	155000	160000	
August	160000	165000	170000	
September	175000	180000	185000	
October	180000	185000	190000	
November	190000	195000	200000	
December	190000	195000	200000	
*Totals	2032000	2092000	2152000	

*Please note: the total figures for each year should reconcile to the sales figures on your tax returns for the corresponding fiscal year.

**PLEASE SUBMIT ANY ADDITIONAL NARRATIVE OR FINANCIAL
INFORMATION YOU FEEL WILL HELP ESTABLISH YOUR ECONOMIC LOSS**

CONTINUED ON REVERSE

It can be helpful to provide a financial forecast to illustrate what the income and expenses for the business will be during the period affected by the disaster until normal operations resume. This is not required.

This optional format is provided for your convenience.

Period covered by this forecast. From January 2020	To December 2020
Net sales (receipts)	2300000
Less cost of goods sold	1200000
Gross profit	1100000
Less expenses	
Officers salaries	210000
Employee wages	450000
Advertising	50000
Rent	24000
Utilities	12000
Interest	5000
Taxes	15000
Insurance	20000
Other expenses	214000
Total expenses	1000000
Net profit <Loss> before income taxes	100000

PLEASE SUBMIT ANY ADDITIONAL NARRATIVE OR FINANCIAL INFORMATION
YOU FEEL WILL HELP ESTABLISH YOUR ECONOMIC LOSS

Please note: The estimated burden for completing this form is 1 hour. You are not required to respond to any collection of information unless it displays a current valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration; Chief, AIB; 409 3rd St., SW, Washington, DC 20416 and Desk Officer for the Small Business Administration; Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. OMB Approval (3245-0017). **Please do not send forms to OMB.**



U.S. SMALL BUSINESS ADMINISTRATION

PERSONAL FINANCIAL STATEMENT
DISASTER PROGRAMSOMB APPROVAL NO. 3245-0188
EXPIRATION DATE: 03-31-2021

As of January 31, 2020

SBA uses the information required by SBA form 413D as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA disaster loan. Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan. **Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505.**

Name Theodore Walter Elliot & Angel Marie Elliot

Business Phone 320-555-1234

Residence Address 125 Cedar Lane

Residence Phone 320-894-1234

City, State, & Zip Code Willmar, MN 56201

Business Name of Applicant/Borrower NMB Services, Inc.

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	11258	Accounts Payable	\$	
Savings Accounts	\$	0	Notes Payable to Banks and Others	\$	
IRA or Other Retirement Account	\$	180500	(Describe in Section 2)		
(Describe in Section 5)			Installment Account (Auto)	\$	3526
Accounts & Notes Receivable	\$		Mo. Payments \$	324.95	
(Describe in Section 5)			Installment Account (Other)	\$	10055
Life Insurance-Cash Surrender Value Only	\$		Mo. Payments \$	125.95	
(Complete Section 8)			Loan on Life Insurance	\$	
Stocks and Bonds	\$	4100	Mortgages on Real Estate	\$	122425
(Describe in Section 3)			(Describe in Section 4)		
Real Estate	\$	250000	Unpaid Taxes	\$	
(Describe in Section 4)			(Describe in Section 6)		
Automobiles - Total Present Value	\$	5000	Other Liabilities	\$	
(Describe in Section 5, and include			(Describe in Section 7)		
Year/Make/Model)			Total Liabilities	\$	136006
Other Personal Property	\$	20000	Net Worth	\$	330752
(Describe in Section 5)			Total Liabilities and Net Worth	\$	470858
Other Assets	\$				
(Describe in Section 5)					
Total Assets	\$	470858			

Section 1. Source of Income

Salary	\$	210000
Net Investment Income	\$	200
Real Estate Income	\$	
Other Income (Describe below)*	\$	

Contingent Liabilities

As Endorser or Co-Maker	\$	
Legal Claims & Judgments	\$	
Provision for Federal Income Tax	\$	
Other Special Debt	\$	

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
BF Bank & Trust 123 Becker Ave NE Willmar, MN 56201	15000	3526	325	Monthly	Vehicle
SOFI Student Loan 150 Hennepin Drive St. Paul MN 54101	14000	10055	126	Monthly	Unsecured

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
1000	Ford Motor Company	6350	4100	03/23/2020	4100

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)	Primary Resident		
Address	125 Cedar Lane Willmar, MN 56201		
Date Purchased	08/01/2015		
Original Cost	210000		
Present Market Value	250000		
Name & Address of Mortgage Holder	BF Bank & Trust 123 Becker Ave. NE Willmar, MN 56201		
Mortgage Account Number	987654321-1234		
Mortgage Balance	122425		
Amount of Payment per Month/ Year	858.46		
Status of Mortgage	Current		

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Furnishings & equipment No security

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

All taxes are current

Section 7. Other Liabilities. (Describe in detail.)

No other liabilities

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

\$250,000 Term Insurance Policy

I authorize SBA to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA will rely on this information when making decisions regarding an application for a loan from SBA.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

SAMPLE

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. If you have questions or comments concerning the burden estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street, SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.

PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

Disaster Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

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 quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. 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. NMB Services, Inc.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) 41-1234567
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) 123 Maple Lane Willmar, MN 56201	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5a 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.	
U.S. Small Business Administration Office of Disaster Assistance	
5b Customer file number (if applicable) (see instructions)	

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. ▶ 1120S	
a Return Transcript , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>

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.	12 / 31 / 2018	12 / 31 / 2017	/ /	/ /
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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
Sign Here ▶ Signature (see instructions)	Date
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ Spouse's signature	Date

Date of Schedule 03/24/2020

SCHEDULE OF LIABILITIES

Applicant's Name NMB Services, Inc.

[illegible]

Signed

Title

This form is provided for your convenience in responding to filing requirements in Item 2 on the application, SBA Form 5. You may use your own form if you prefer. The information contained in this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form.

**U.S. SMALL BUSINESS ADMINISTRATION
ECONOMIC INJURY DISASTER LOAN SUPPORTING INFORMATION**

The U.S. Small Business Administration Economic Injury Disaster Loan provides immediate working capital to eligible applicants. For expedited loan application processing, the business must have been operating for at least one year prior to the disaster. Eligibility for this disaster Loan must consider compensated from other sources to offset the economic injury. Other sources include but are not limited to: (1) grants or other reimbursement (including loans) from government agencies or private organizations, and (2) claims for civil liability against other individuals, organizations or governmental entities.

Was the business in operation one year prior to the disaster?

☒

Yes

☐

No

Gross Revenues for the twelve (12) month period prior to the disaster:

\$2,152,000.00

Cost of Goods Sold for the twelve (12) month period prior to the disaster:

\$1,058,500.00

Rental properties (residential and commercial) only.

Lost rents due to the disaster:

\$0.00

Compensation from other sources received as a result of the disaster (provide a brief description below) :

Bank Loan

\$20,000.00

Owner Investment

\$50000.00

Family Loan

\$20000.00

SIZE STANDARD*:

SBA's size standards define whether a business concern is small and, therefore, eligible for an Economic Injury Disaster Loan.

I certify **all above information provided** and the size of the applicant business does not exceed the size standard for the industry in which the business is primarily engaged.

Signature and Title

Date

* SBA establishes size standards by industry under the North American Industry Classification System (NAICS){<https://www.census.gov/eos/www/naics/>}. Business size standards, by NAICS code, may be found at 13 CFR §121.201 (https://ecfr.io/Title-13/se13.1.121_1201).