

STATE OF SOUTH DAKOTA



COMMISSION ON GAMING

696 Main St, 2nd Floor
Deadwood, SD 57732
(605) 578-3074
FAX (605) 578-2263

Dear Key Applicant:

Enclosed is an application and instruction sheet for a Key Employee License. This information is necessary to complete your background investigation prior to licensing.

A non-refundable application fee of \$150 has been established by the Commission on Gaming. A check or money order in this amount must be enclosed with your application and mailed to the above address.

Upon the completion of your background investigation, a determination will be made in reference to your licensing. It may be necessary for you to appear before the Commission on Gaming prior to licensing. If that is necessary, personnel from the Commission will notify you. You will be notified in writing as to your suitability. If you are approved to obtain a license, you will be notified and the established licensing fee of \$150 must be forwarded to the Commission on Gaming at the above address.

In summary, for initial licensing there are two fees. One is an application fee of \$150 and the second is the licensing fee of \$150. This license is renewable on January 1st of each year and the renewal fee for the Key License is \$75.

Please be advised of the following rule: ARSD 20:18:06:03. Use of application fee -- Additional fee required. The application fee must be used to conduct the background investigation of the applicant and to defray administrative expenses. If the Commission or Executive Secretary determines that additional sums are needed to continue or complete the investigation of an applicant, the processing of the application must cease; and the Commission or the Executive Secretary must inform the applicant of the additional sums required. As soon as the applicant has furnished the additional sums, the processing must continue.

If you have any questions or concerns, please contact the Commission on Gaming at the above phone number and address.

Sincerely,

LARRY B. ELIASON
EXECUTIVE SECRETARY

INSTRUCTIONS FOR KEY EMPLOYEE GAMING LICENSE

1. ALL information requested on South Dakota Commission on Gaming form SDCG2 must be completed.
 - A. Please print or type.
 - B. Application form must be signed by the applicant.
2. All applicants requesting licensing for the above-stated license must complete the enclosed Personal History Information form.
3. Each applicant applying for the above-stated licenses must complete form SDCG2-3. This authorizes the Commission on Gaming or the Division of Criminal Investigation to obtain any financial information which is available on the applicant.
4. Each applicant must complete Form SDCG2-4. This authorizes the South Dakota Commission on Gaming or the Division of Criminal Investigation to obtain a criminal record if such record exists.
5. IT IS NECESSARY FOR YOU TO SUBMIT A COPY OF YOUR INTERNAL REVENUE SERVICE RETURNS FOR THE PAST THREE YEARS WITH THIS APPLICATION. Attached is IRS Form 4506-T, Request for Transcript of Tax Return. This form must be completed in full with your name signed and printed.
6. FINGERPRINTS - If you are not having your fingerprints taken by the Lawrence County Sheriff's Office, please contact our Deadwood office at (605)578-3074 so we can send you the two required cards that your local law enforcement agency can use in completing the fingerprint requirements. All information must be completed by the applicant prior to having his/her fingerprints taken. An officer of the Lawrence County Sheriff's Office or other law enforcement agency will then take the required fingerprints and submit them directly to our office. The Lawrence County Sheriff's Office does fingerprinting Tuesday-Thursday 1:00 P.M. – 3:00 P.M. only.
 - IF YOU PREVIOUSLY HAD YOUR FINGERPRINTS SUBMITTED FOR A SUPPORT LICENSE, YOU MUST STILL COMPLETE THE ENCLOSED FBI FINGERPRINT CARD TO COMPLY WITH SDCL 42-7B-19.2. FAILURE TO DO SO MAY BE GROUNDS FOR DENIAL OF YOUR LICENSE.
7. Be sure that ALL FORMS ARE COMPLETED prior to having your fingerprints taken.
8. South Dakota Commission on Gaming Form 2-5 is to be completed by the Lawrence County officer or law enforcement officer taking the fingerprints.
9. The Lawrence County Sheriff's Office will forward all application forms and fingerprint cards to the Commission on Gaming.
10. If an applicant has questions concerning these forms or information requested, please contact the South Dakota Commission on Gaming, telephone number 605/773-6050.

11. Send To: ~~SD COMMISSION ON GAMING, 221W. Capitol Ave Ste 101, c/o 1320 E. Sioux Ave,~~
~~PIERRE, SD 57501.~~

YST Gaming Commission
PO Box 157
Pickstown, SD 57361

KEY EMPLOYEE APPLICATION

PERSONAL HISTORY INFORMATION

DATE _____

Hand print or type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 8 or use a separate sheet and precede each answer with the appropriate title. 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 the lower right hand corner. By placing his/her initial on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history information 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 license.

All applicants are further advised that an application for a gaming license, finding of suitability or for other action may not be withdrawn without the permission of the Executive Secretary, South Dakota Commission on Gaming.

1. Type of Gaming License: **KEY EMPLOYEE (S150)**

2. Business Name:

3. Personal Information:

Last Name		First Name		Middle Name		
Alias (i.e. Nicknames, Maiden Name, Other Name Changes)						
Present Residence Address – Street & Number		City	State/Zip	Since (Date)		
Previous Residence Address – Street & Number		City	State/Zip	Since (Date)		
Occupation			Business Phone	Residence Phone		
Date of Birth		Place of Birth (City, County, State)				
Soc. Security No.	Sex	Color of Hair	Color of Eyes	Weight	Height	Driver's Lic. No. & State of Issue

Scars, tattoos or distinguishing marks and/or characteristics: _____

Are you a citizen of United States? ☐ YES ☐ NO If Alien, Reg. No. _____
 If naturalized, Certificate No. _____ Place _____ Date _____

Applicant's Initial _____

4. Marital Information:

Single [] Married [] Separated [] Divorced [] Widowed [] Engaged []

A. Current Marriage

Date	City,	County,	State
------	-------	---------	-------

Spouse's Full Name (Maiden) _____ Social Security Number _____

Residence Address _____

Street _____ City _____ State _____

Date of Birth: _____ Place of Birth: _____

Spouse's Employer: _____ Occupation: _____

Address of Employer: _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Nature of Action	City, County and State

List Names and Current Addresses of Previous Spouses:

Name	Street Address	City	State/Zip	Phone Number

5. Family Information:

Children and Dependents:

List all children, including step-children & adopted children and give the following information:

[illegible]

6.

Education	Name of School	Location	Dates Attended	Graduate
Grade School				Yes [] No []
High School				Yes [] No []
College or University				Yes [] No []
Other				Yes [] No []

Type of degree obtained, if any: _____

7. Military Information:

Have you ever served in any armed forces? [] YES [] NO, If Yes, provide copy of DD-214

Branch: _____ Date of Entry-Active Service: _____

Date of Separation: _____ Type of Discharge: _____

Rating at Separation: _____ Serial Number: _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial, or special or general Court Martial? [] YES [] NO

If yes, furnish details on a separate sheet.

8. Arrests, Detentions, and Litigations: (Include ALL ARRESTS – even those which you were not convicted or charges were later dismissed)

A. Have you ever been questioned, detained, indicted, arrested or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event (Except MINOR traffic citations, but including reckless driving, DUI, or eluding) [] YES [] NO

B. Have you ever been or are you now on parole/probation to any court? [] YES [] NO

C. Have you ever received a pardon for any criminal act(s)? [] YES [] NO
(If so, give details on additional information sheet attached to this application.
List all cases without exceptions.)

D. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an un-indicted party? [] YES [] NO

E. Have you ever been subpoenaed to appear to testify before a federal, state or county grand jury, board or commission? [] YES [] NO

F. Have you ever had a civil or criminal record expunged by a court order? [] YES [] NO
If yes, when? _____

DATE CITY COUNTY STATE
(If yes, furnish details on additional information sheet.)

Date of Arrest	Age	Charge	Location – City and State	Disposition	Arresting Agency

Applicant's Initial _____

- G. Has any member of your family or your spouse's family ever been convicted of a felony? [] YES [] NO
If Yes, complete the following:

Name	Relationship	Charge	Location	Date

- H. 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 a defendant? [] YES [] NO
(Other than divorces)

If Yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant	Court and Case Number	City, County, State	Disposition

9. Residences:

List all residences you have had for the last 10 years starting with the most current:

Month & Year (From-To)	Street and Number	City	State

Applicant's Initial _____

10. Employment:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of employment over the last 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.

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present [] YES [] NO	
			Phone No. of Supervisor	

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present [] YES [] NO	
			Phone No. of Supervisor	

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present [] YES [] NO	
			Phone No. of Supervisor	

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present [] YES [] NO	
			Phone No. of Supervisor	

Month & Year (From-To)		Name/Mailing Address of Employer/Business		Reason For Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present [] YES [] NO	
			Phone No. of Supervisor	

11. Character References:

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

Name and Where Employed	Street	City	State/Zip	Phone No.	Years Known
Name:	Home:				
Employer:	Business:				

Name and Where Employed	Street	City	State/Zip	Phone No.	Years Known
Name:	Home:				
Employer:	Business:				

Name and Where Employed	Street	City	State/Zip	Phone No.	Years Known
Name:	Home:				
Employer:	Business:				

12. Have you ever held a privileged or professional license in any state, including but not limited to the following:
(Please Circle)

Liquor Real Estate Broker or Salesman Accountant Lawyer Doctor
 Insurance Racing Commission Lottery Commission Securities Dealer Gaming
 Other

[] YES [] NO

If yes, state where, years held and nature of any disciplinary actions taken against you: _____

13. Have you ever held a financial interest in a gambling venture, including but not limited to, a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or card room, bingo parlor, pull tabs? [] YES [] NO

Applicant's Initial _____

If Yes, state when and where and give names and locations of the business(es) in which you were involved and the names and addresses of all partners:

14. Have you ever been refused a gaming license or related finding of suitability or been a participant in any group which has been denied a gaming license or related finding of suitability? ☐ YES ☐ NO

For selling alcoholic beverage? ☐ YES ☐ NO

Reason:

15. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license by any state? ☐ YES ☐ NO

If Yes, state type of license, name of establishment, location and period such license was held:

16. Do you have any relatives associated with or employed in the gaming industry (this includes the State Lottery and Racing)? ☐ YES ☐ NO

If yes, state name, relation, address, association or employment:

Applicant's Initial

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PERSONAL FINANCIAL QUESTIONNAIRE

Name _____ Date _____, 20 _____

Address _____

Place of employment: _____

Trade Name _____

1. Have you ever filed bankruptcy?
- ☐
- YES
- ☐
- NO

If Yes, furnish details on a separate sheet.

2. Has your Federal Income Tax Return ever been audited or adjusted?
- ☐
- YES
- ☐
- NO

3. Last Federal Income Tax Return was filed _____, 20 _____ for year _____ at

City

State

IT IS NECESSARY FOR YOU TO SUBMIT A COPY OF YOUR INTERNAL REVENUE SERVICE RETURNS FOR THE PAST THREE YEARS WITH THIS APPLICATION.

4. Do you own or control any assets or liabilities located outside the United States?
- ☐
- YES
- ☐
- NO

5. Do you control, manage or hold in trust any assets or liabilities for another person or entity?

☐ YES ☐ NO

6. Annual Income _____

Salary _____

Interest _____

Dividends _____

Other (Describe in Detail) _____

7. Do you own your own home?
- ☐
- YES
- ☐
- NO

If mortgaged, who with _____

Name

Address

City

State

Zip

How much is the mortgage? \$ _____

Applicant's Initial _____

8. Do you rent your home? ☐ YES ☐ NO

If yes, give name, address and phone number of landlord:

Name: _____
Address: _____
Phone Number: _____

9. Please list three credit references:

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

Applicant's Initial _____

PERSONAL NET WORTH**AS OF** _____ **20** _____

List all assets, liabilities and net worth on the appropriate line below.
Enter the current value as of the date of this statement.

Current Assets:

Cash on Hand _____
Cash in Banks (Schedule A) _____
Accounts and Notes Receivable _____

Investments:

Stocks and Bonds _____
Business Investments _____

Fixed Assets:

Real Estate _____

Other Assets:

TOTAL ASSETS

\$ _____

Current Liabilities:

Accounts Payable (Schedule B) _____
Taxes Payable _____

Long Term Liabilities:

Notes Payable (Schedule B) _____
Mortgages Payable _____
Other Liabilities _____

TOTAL LIABILITIES:

\$ _____

NET WORTH:

\$ _____

TOTAL ASSETS MINUS TOTAL LIABILITIES EQUALS NET WORTH

Applicant's Initial _____

SCHEDULE "A"**CASH IN BANKS**

List below all accounts, foreign and domestic, maintained by you, your spouse or dependent children.

Name and Address of Bank	Name of Persons Appearing on Account	Account No.	Date Opened	Interest Rate	Type of Account	Balance as of (Date)

SCHEDULE "B"**ACCOUNTS AND NOTES PAYABLE**

List below all accounts and notes payable held by you, your spouse or dependent children. Indicate by means of an asterisk (*) in the first column, accounts and notes payable held by your spouse and/or dependent children.

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment/Period	Interest Rate	Maturity Date	Purpose	Collateral

Applicant's Initial _____

AFFIRMATION OF INFORMATION PROVIDED

I, _____, declare and affirm under penalties of perjury that this application, and all of the statements, attachments, supporting schedules, and documents have been examined by me, and to the best of my knowledge and belief, are in all things true and correct. I understand that any person who signs such a statement knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

This statement is executed with the knowledge that misrepresentations or failure to reveal information requested may be deemed sufficient cause for refusal to issue a gaming license by the South Dakota Commission on Gaming. Further I am aware that later discovery of an omission or misrepresentation made in the above application, statements or attachments may be grounds for revocation of the license and possible criminal prosecution. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a South Dakota Gaming License. I also agree that the State of South Dakota, its agencies officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, the background investigation or in pursuing any other remedy provided by law including but not limited to reasonable attorney fees and costs.

Further, I acknowledge my obligation to furnish all processes and pleadings to which I am a party as required by SDCL 42-7B-65.

Signature

Date

Applicant's Initial _____

INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the State of South Dakota through its authorized representatives, the Commission on Gaming, the Office of the Attorney General, the Division of Criminal Investigation, (hereafter, the Investigatory Agencies), to conduct a complete investigation into my personal background, using whatever legal means it deems appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization, a financial records check will be performed, prior to the issuance of any gaming license and may be performed at any time that I hold a gaming license. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, not limited to, but to include, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located.

It is hereby understood that the Investigatory Agencies will conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. The Investigatory Agencies reserve the right to investigate all relevant information and facts to its satisfaction. However, the State of South Dakota, Investigatory Agencies, and other agents or employees of the State of South Dakota shall not be held liable for the receipt, use, or dissemination of inaccurate information. I on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of South Dakota, Investigatory Agencies, and other agents or employees of the State of South Dakota for any damages resulting from any use, disclosure, or publication in any manner, other than willfully unlawful disclosure or publication, of any material or information.

Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, the gaming regulatory agency of any Indian Tribe, or any foreign country.

All information gathered as a result of this investigation will be held confidential by the Investigatory Agencies, with the exception of law enforcement agencies stated above as provided by SDCL 42-7B-58.

FULL LEGAL NAME: _____
(PLEASE PRINT) (LAST) (FIRST) (MIDDLE)

SIGNATURE: _____

AUTHORIZATION AND RELEASE

I, _____, hereby authorize the Division of Criminal Investigation for the State of South Dakota to release to State Gaming Commission any information concerning me contained in the criminal history record files of the Division. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released, even though this record is designated as "non-public" under the provisions of 23A-27-17.

In consideration for the Division of Criminal Investigation releasing any information concerning me contained within its criminal history record files to State Gaming Commission, I, _____, on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Division of Criminal Investigation, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Dated this _____ day of _____, 20_____, at

Applicant's Initial _____

VERIFICATION OF FINGERPRINTS

The enclosed fingerprint card(s) are the prints of _____

_____, taken by me.

NAME: _____
(print)

TITLE: _____
(print)

OFFICE: _____
(print)

SIGNED: _____

Applicant's Initial _____

**GAMING PACKETS INFORMATION SHEET
MUST BE COMPLETED BEFORE YOU CAN BE
FINGERPRINTED**

**DAYS AND TIME FOR FINGERPRINTING – TUESDAY, WEDNESDAY AND
THURSDAY FROM 1 PM TO 3 PM ONLY**

PCN (OFFICE USE ONLY) _____

DATE: _____

LAST NAME

FIRST NAME

MIDDLE NAME

ALIAS _____ **MAIDEN NAME** _____

SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

CITIZENSHIP: _____

RACE: _____ **SEX:** _____ **AGE:** _____ **HEIGHT:** _____ **WEIGHT:** _____

HAIR COLOR: _____ **EYE COLOR:** _____ **BUILD:** _____ **COMP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

OCCUPATION: _____ **EMPLOYER:** _____

ADDRESS: _____

IN CASE OF EMERGENCY NOTIFY: NAME _____

ADDRESS: _____ **PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

RELATIONSHIP: _____

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.

SD Commission on Gaming, 696 Main St. 2nd Floor, Deadwood, SD 57732

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, 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.

12 / 31 / 12 / 31 / 12 / 31 / 12 / 31 /

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	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form 4506-T (Rev. 11-2005)