UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF TENNESSEE NASHVILLE DIVISION

| FEDERAL TRADE COMMISSION, |) | |
|----------------------------|---|-------------------|
| |) | |
| Plaintiff, |) | |
| |) | No. 3:22-cv-00895 |
| v. |) | |
| |) | JUDGE RICHARDSON |
| ACRO SERVICES LLC, et al., |) | |
| |) | |
| Defendants. |) | |
| |) | |
| |) | |

AMENDMENT TO TEMPORARY RESTRAINING ORDER

The Temporary Restraining Order issued on November 21, 2022 at 5:00 p.m. (Doc. No. 26, "TRO") is hereby amended solely to include Attachments A, B, and C hereto, which are the attachments referred to on page 22 of the TRO. It is the intent of the Court that the TRO and this document collectively constitute a single Order, and that service of both of the documents will be necessary to effectuate service of the Order on the Defendants.

IT IS SO ORDERED.

UNITED STATES DISTRICT JUDGE

ATTACHMENT A

FEDERAL TRADE COMMISSION

FINANCIAL STATEMENT OF INDIVIDUAL DEFENDANT

Definitions and Instructions:

- 1. Complete all items. Enter "None" or "N/A" ("Not Applicable") in the first field only of any item that does not apply to you. If you cannot fully answer a question, explain why.
- 2. "Dependents" include your spouse, live-in companion, dependent children, or any other person, whom you or your spouse (or your children's other parent) claimed or could have claimed as a dependent for tax purposes at any time during the past five years.
- 3. "Assets" and "Liabilities" include ALL assets and liabilities, located within the United States or any foreign country or territory, whether held individually or jointly and whether held by you, your spouse, or your dependents, or held by others for the benefit of you, your spouse, or your dependents.
- 4. Attach continuation pages as needed. On the financial statement, state next to the Item number that the Item is being continued. On the continuation page(s), identify the Item number(s) being continued.
- 5. Type or print legibly.
- 6. Initial each page in the space provided in the lower right corner.
- 7. Sign and date the completed financial statement on the last page.

Penalty for False Information:

Federal law provides that any person may be imprisoned for not more than five years, fined, or both, if such person:

- (1) "in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or devise a material fact; makes any materially false, fictitious or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry" (18 U.S.C. § 1001);
- (2) "in any . . . statement under penalty of perjury as permitted under section 1746 of title 28, United States Code, willfully subscribes as true any material matter which he does not believe to be true" (18 U.S.C. § 1621); or
- (3) "in any (. . . statement under penalty of perjury as permitted under section 1746 of title 28, United States Code) in any proceeding before or ancillary to any court or grand jury of the United States knowingly makes any false material declaration or makes or uses any other information . . . knowing the same to contain any false material declaration" (18 U.S.C. § 1623).

For a felony conviction under the provisions cited above, federal law provides that the fine may be not more than the greater of (i) \$250,000 for an individual or \$500,000 for a corporation, or (ii) if the felony results in pecuniary gain to any person or pecuniary loss to any person other than the defendant, the greater of twice the gross gain or twice the gross loss. 18 U.S.C. § 3571.

| AC ROUN | ID INFORMATIO | N | |
|--|------------------------------|---------------------------------|--------------|
| Item Information A out You | | | |
| Full Name | Social Security No. | | |
| Current Address of Primary Residence | Driver's License No. | | State Issued |
| | Phone Numbers | Date of Birth: / / | |
| | Home: () Fax: () | (mm/dd/yy Place of Birth | yy) |
| Rent Own From (Date): / / | E-Mail Address | | |
| (mm/dd/yyyy) Internet Home Page | | | |
| Pre ious Addresses for ast fi e years (if required, use additiona | I nages at end of form) | | |
| Address | i pages at end of formy | From: / / Until: | . / / |
| | | (mm/dd/yyyy) | (mm/dd/yyyy) |
| | | □Rent □Own | |
| Address | | From: / / Until: | 1 1 |
| | | Rent □Own | |
| Address | | From: / / Until: | 1 1 |
| | | | |
| Identify any other name(s) and/or social security number(s) you have use | d and the time period(s) d | Rent Own | |
| were used: | a, and the time period(3) to | ding when diey | |
| Item Information A out Your S ouse or Li e In Com | anion | | |
| Spouse/Companion's Name | Social Security No. | Date of Birth | |
| | | / / (mm/dd/yyyy) | |
| Address (if different from yours) | Phone Number | Place of Birth | |
| | Rent Own | From (Date): / / (mm/dd/yyyy | v) |
| Identify any other name(s) and/or social security number(s) you have use | d, and the time period(s) d | | ., |
| Employer's Name and Address | Job Title | | |
| Employer of Name and Address | Years in Present Job | Annual Gross Salary/Wages | |
| | reals in Flesent Job | \$ | |
| Item Information A out Your Pre ious S ouse | | | |
| Name and Address | | Social Security No. | |
| | | Date of Birth | |
| | | / / (mm/dd/yyyy) | |
| Item Contact Information (name and address of closest living | relative other than your s | pouse) | |
| Name and Address | | Phone Number | |
| | | () | |
| | | | |
| | | | |

| Item Information A out De endents (wheth | ner or not | they reside wi | ith you) | | | |
|--|--|---|--|--|---------------------------------------|--|
| Name and Address | | Social Secu | rity No. | | | |
| | | | | / / (mm/dd/yyyy) | | |
| | | Relationship |) | | | |
| Name and Address | | Social Secu | rity No. | Date of Birth | | |
| | | | | / / (mm/dd/yyyy) | | |
| | | Relationship |) | | | |
| Name and Address | | Social Secu | rity No | Date of Birth | | |
| | | Occidi occui | nty No. | / / (mm/dd/yyyy) | | |
| | | Relationship |) | [(mmaa)}}) | | |
| Name and Address | | 0 | ~ | Date of Birth | | |
| Traine and risaliese | | Social Secu | rity No. | 1 1 | | |
| | | Relationship |) | (mm/dd/yyyy) | | |
| | | | | | | |
| Item Em loyment Information Em loyment I Provide the following information for this year-to-date and for ear officer, member, partner, employee (including self-employment) period. "Income" includes, but is not limited to, any salary, com royalties, and benefits for which you did not pay (e.g., health inson your behalf. | ach of the), agent, o missions, | previous five owner, shareho distr butions, | older, contractor, particil draws, consulting fees, | pant or consultant at loans, loan payment | any time during that s, dividends, | |
| Company Name and Address | | Dates E | mployed | Income Received: | Y-T-D 5 Prior Yrs. | |
| | From (| Month/Year) | To (Month/Year) | Year | Income | |
| Company tip between the Company to the Company tip between the Company tip to the Company tip | | 1 | / | 20 | \$ | |
| Ownership Interest Yes No Positions Held | From (| Month/Year) | To (Month/Year) | 1 | \$ \$ | |
| 1 osluons rielu | 110111(1 | / | / / | † | \$ | |
| | | 1 | 1 | 1 | \$ | |
| | | 1 | 1 | 1 | \$ | |
| Company Name and Address | | Dates E | mployed | Income Received: | Y-T-D 5 Prior Yrs. | |
| | From (| Month/Year) | To (Month/Year) | Year | Income | |
| | 110(| / | / | 20 | \$ | |
| Ownership Interest | | | | | \$ | |
| Positions Held | From (| Month/Year) | To (Month/Year) | | \$ | |
| | | / | 1 | 1 | \$ | |
| | | 1 | 1 | 1 | \$ | |
| Company Name and Address | | 1 | , , | | \$ | |
| Company Name and Address | Dates Em | | mployed | Income Received: | Y-T-D 5 Prior Yrs. | |
| | From (| Month/Year) | To (Month/Year) | Year | Income | |
| | | 1 | 1 | 20 | \$ | |
| Ownership Interest | | | |] | \$ | |
| Positions Held | From (| Month/Year) | To (Month/Year) | 1 | \$ | |
| | | 1 | 1 | 4 | \$ | |
| | | 1 | 1 | 4 | \$ | |
| | | 1 | 1 | | \$ | |

| resulted in final judgments or settler Caption of Proceeding | Court or Agency and Location | Case No. | Na | nture of | Re | lief Requested | Status or | |
|--|---|--------------------|----------------------|---------------------------------|------------------------|-------------------------------|-------------|--|
| , | | | Pro | ceeding | | | Dispositio | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| tem Safe De osit o exist all safe deposit boxes, located vou, your spouse, or any of your de | s within the United States or in any foreig pendents, or held by others for the ber | gn country or terr | itory, wh spouse, | ether held ind or any of you | lividually r depend | or jointly and whet dents. | her held by | |
| Name of Owner(s) | Name Address of Depo | sitory Institution | | Box No |) . | Contents | | |
| | | | | | | | | |
| | | | | | | | | |
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|---|--------------|---------|-------|--------|
| _ | $M \Delta N$ | ICIAL I | NFOR | MATION |
| _ | | | | |

REMINDER: When an item asks for information regarding your "assets" and "liabilities" include <u>ALL</u> assets and liabilities, located within the United States or in any foreign country or territory, or institution, whether held individually or jointly, and whether held by you, your spouse, or any of your dependents, or held by others for the benefit of you, your spouse, or any of your dependents. In addition, provide all documents requested in Item 24 with your completed Financial Statement.

ASSETS

| 4 | ^ | | | NA | N # | _4 | A 4 - |
|-----|----------|----|-----|-------|-----|------|----------|
| tem | Cas | an | and | Monev | mar | et / | Accounts |

a. Amount of Cash on Hand \$

List cash on hand (as opposed to cash in bank accounts or other financial accounts) and all bank accounts, money market accounts, or other financial accounts, including but not limited to checking accounts, savings accounts, and certificates of deposit. The term "cash on hand" includes but is not limited to cash in the form of currency, uncashed checks, and money orders.

Form of Cash on Hand

| b. Name on Account | Name Address of Financial Ir | nstitution | | Account | No. | Current Balance |
|--|---|------------------------|-------------|-------------|-------------------|--------------------------|
| | | | | | | \$ |
| | | | | | | |
| | | | | | | |
| | | | | | | \$ |
| | | | | | | |
| | | | | | | \$ |
| | | | | | | |
| | | | | | | \$ |
| | | | | | | |
| | | | | | | \$ |
| | | | | | | |
| Item Pu licly Traded | Securities | | | | | |
| List all publicly traded securities, i | ncluding but not limited to, stocks, stock op d treasury notes), and state and municipal b | tions, corporate bo | onds, mutua | al funds, U | I.S. governme | nt securities (including |
| Owner of Security | a account motory, and class and management | Issuer | , 0.0.00 | Type of | | No. of Units Owned |
| | | | | | | |
| Broker House, Address | | Broker Account | No. | | | |
| | | Current Fair Mar \$ | ket Value | | Loan(s) Aga \$ | inst Security |
| Owner of Security | | Issuer | | Type of S | _ | No. of Units Owned |
| Broker House, Address | | Broker Account | No. | | | |
| | | Current Fair Mar | ket Value | | | inst Security |
| Owner of Security | | \$ Issuer | | Type of S | \$ | No. of Units Owned |
| Owner or Security | | ISSUEI | | rype or s | Security | No. of Offics Owned |
| Broker House, Address | | Broker Account | No. | | ' | |
| | | Current Fair Mar \$ | ket Value | | Loan(s) Aga | inst Security |
| | | Ψ | | | Φ | |

| Initia | C. |
|--------|-----|
| Initia | 15. |

| Item Non Pu lic usiness and Fin List all non-public business and financial interests, liability corporation ("LLC"), general or limited partn corporation, and oil or mineral lease. | including but n | not limited to | any interesproprietor | est in a non- ship, interna | public cor tional bus | rporation, su siness corpo | ubchapter-S oration or pe | 6 corporation, limited ersonal investment |
|--|--|--------------------------------|-----------------------|--------------------------------|--------------------------|--|------------------------------|--|
| Entity's Name Address | Type of Bus Interest (e.g. | siness or Fin ., LLC, partn | | Owr (e.g., self, | | Owners | | icer, Director, Member Partner, Exact Title |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Item Amounts O ed to You Your | | | | | | | | |
| Debtor's Name Address | Date Oblig Incurred (Mod / Current Amou | onth/Year) | \$ | jude and ayment Schedule | | Nature of Obligation (if the result of a final court judgment or settlement, provide court name and docket number) | | |
| Debtor's Telephone | Debtor's Rela | tionship to | You | | | | | |
| Debtor's Name Address | Incurred (Month/Year) \$ | | | al Amount Ov | ju | Nature of Obligation (if the result of a final co judgment or settlement, provide court name and docket number) | | |
| Debtor's Telephone | \$ Debtor's Rela | ationship to | You | | - | | | |
| Item Life Insurance Policies List all life insurance policies (including endowment | t policies) with | any cash su | urrender v | alue. | | | | |
| Insurance Company's Name, Address, Telephon | e No. | Benefician | у | | | Policy No. | | Face Value \$ |
| | | Insured | Insured Lo \$ | | | Loans Against Policy \$ | | Surrender Value \$ |
| Insurance Company's Name, Address, Telephon | e No. | Beneficiary | | | | Policy No. | | Face Value \$ |
| | | Insured | Insured Loans Ag \$ | | | Loans Agai \$ | inst Policy | Surrender Value \$ |
| Item Deferred Income Arran emer List all deferred income arrangements, including but other retirement accounts, and college savings plan | ut not limited to | | innuities, p | oensions pla | ns, profit- | -sharing pla | ns, 401(k) p | olans, IRAs, Keoghs, |
| Trustee or Administrator's Name, Address Telep | none No. | | Name or | n Account | | | Account N | 0. |
| | | | Date Est | | Type of | Plan | Taxes | der Value before and Penalties |
| Trustee or Administrator's Name, Address Telep | hone No. | | | n Account | | | Account N | 0. |
| | | | Date Est | tablished | Type of | Plan | | der Value before and Penalties |

| Item Pe List any pending | ndin Ins g insurance | surance Payments or In erit payments or inheritances owed to yo | ances u. | | | |
|--------------------------------|-------------------------|---|------------------------------------|---------------------|-------------|-----------------------|
| Туре | | | | Amount Expected | d Date E | expected (mm/dd/yyyy) |
| | | | | \$ | / | 1 |
| | | | | \$ | 1 | 1 |
| | | | | \$ | 1 | 1 |
| | icles cks, motorcy | cles, boats, airplanes, and other veh | icles. | · | | |
| Vehicle Type | Year | Registered Owner's Name | Purchase Price \$ | Original Loan A | mount C | urrent Balance |
| Make | | Registration State No. | Account/Loan No. | Current Value \$ | M \$ | onthly Payment |
| Model | | Address of Vehicle's Location | Lender's Name and Addre | ess | | |
| Vehicle Type | Year | Registered Owner's Name | Purchase Price \$ | Original Loan A | mount C | urrent Balance |
| Make | <u>I</u> | Registration State No. | Account/Loan No. | Current Value | | onthly Payment |
| Model | | Address of Vehicle's Location | Lender's Name and Addre | | Į, | |
| Vehicle Type | Year | Registered Owner's Name | Purchase Price | Original Loan Amour | I | rrent Balance |
| Make | | Registration State No. | Account/Loan No. | \$ Current Value | Mo \$ | nthly Payment |
| Model | | Address of Vehicle's Location | Lender's Name and Addre | * | 1 * | |
| Vehicle Type | Year | Registered Owner's Name | Purchase Price \$ | Original Loan Amour | nt Cu \$ | rrent Balance |
| Make | | Registration State No. | Account/Loan No. | Current Value | | nthly Payment |
| Model | | Address of Vehicle's Location | Lender's Name and Addre | | | |
| List all other per | rsonal prope | onal Pro erty erty not listed in Items -16 by catego work, gemstones, jewelry, bullion, oth | | | | |
| Property Ca (e.g., artwork, | tegory jewelry) | Name of Owner | Property Location Acquisition Cost | | | Current Value |
| | | | | \$ | | \$ |
| | | | | \$ | | \$ |
| | | | | \$ | | \$ |

| n | 1112 | als: | |
|---|------|------|--|
| | ILIC | aio. | |

| Item Real Pro erty List all real property interests (including any land contract) | | | | | | | | |
|---|--|-----------------------|-----------------------------------|--|-----------------------------|--|--|--|
| Property's Location | Type of Property | | Name(s) on Title or Contrac | t and Ownership | Percentages | | | |
| | | | | | | | | |
| Acquisition Date (mm/dd/yyyy) | Purchase Price | C | _ urrent Value | Basis of Valuat | ion | | | |
| /icquisition buto (illimada/yyyy) | \$ | \$ | arrone value | Dusis of Valuati | NOTE: | | | |
| Lender's Name and Address | Lo | an or Accou | nt No. | Current Balanc Contract | e On First Mortgage or | | | |
| | | | | \$ | | | | |
| | | | | Monthly Payme | ent | | | |
| Other Mortgage Loan(s) (describe) | | Monthly P | Pavment | \$ ☐ Rental Unit | | | | |
| Other Mortgage Louin(3) (describe) | | \$ | dymoni | _ | | | | |
| | | Current B | alance | Monthly Rent R | Received | | | |
| Property's Location | Type of Property | \$ | Name(s) on Title or Contrac | t and Ownership | Dorcontagos | | | |
| Property's Location | Type of Floperty | | Name(s) on the or Contrac | t and Ownership | reiceillages | | | |
| | | | | | | | | |
| Acquisition Date (mm/dd/yyyy) | Purchase Price | C | urrent Value | Basis of Valuat | ion | | | |
| i i | \$ | \$ | | | | | | |
| Lender's Name and Address | Lo | an or Accou | nt No. | Current Balance On First Mortgage or Contract | | | | |
| | | | | | | | | |
| | | | | Monthly Payme | ent | | | |
| Other Mortgage Loan(s) (describe) | | Monthly P | avment | Rental Unit | | | | |
| | | \$ | | _ | | | | |
| | | Current Balance \$ | | Monthly Rent Received \$ | | | | |
| | | LIA | ILITIES | • | | | | |
| Item Credit Cards | | | | | | | | |
| List each credit card account held by whether issued by a United States or | you, your spouse, or you foreign financial institutio | r dependents n. | s, and any other credit cards tha | at you, your spou | se, or your dependents use, | | | |
| Name of Credit Card (e.g., Visa, MasterCard, Department Store) | Account No |). | Name(s) on Acc | ount | Current Balance | | | |
| | | | | | \$ | | | |
| | | | | | \$ | | | |
| | | | | | \$ | | | |
| | | | | \$ | | | | |
| Item Ta es Paya le | • | | , | | | | | |
| | List all taxes, such as income taxes or real estate taxes, owed by you, your spouse, or your dependents. | | | | | | | |
| Type of Ta | X | | Amount Owed | | Year Incurred | | | |
| | | \$ | | | | | | |
| | | \$ | | | | | | |
| | | \$ | | | | | | |
| | | | | | | | | |

| Item Ot er Amounts O List all other amounts, not listed else | ed y Y where in thi | ou Your s financial s | S ouse statement, | e or Y | our y you | De endents , your spouse, or | r your depend | ents. | |
|--|-----------------------------|--------------------------|--|-----------------------|-------------------|---|---------------------------------|--------------------------------|---|
| Lender/Creditor's Name, Address, and Telephone No. | | | Nature of Debt (if the result of a court judgment or settlement, provide court name and docket number) | | | | | | |
| | | Le | ender/Cred | litor's R | elatio | nship to You | | | |
| Date Liability Was Incurred / / (mm/dd/yyyy) | Original A | Amount Ow | ed | | Curre | ent Amount Owe | d | Paymer | nt Schedule |
| Lender/Creditor's Name, Address, ar | nd Telephor | | ature of De umber) | ebt (if th | e rest | ult of a court judg | ment or settle | ement, pr | ovide court name and docket |
| | | Le | ender/Cred | litor's R | elatio | nship to You | | | |
| Date Liability Was Incurred / / (mm/dd/yyyy) | Original A | Amount Ow | ed | | Curr \$ | ent Amount Owe | ed | Paymer | nt Schedule |
| | | OT E | R FINA | NCIA | L IN | IFORMATIC | ON | | |
| Item Trusts and Escro List all funds and other assets that ar retainers being held on your behalf be dependents, for any person or entity. | e being hel y legal cour | nsel. Also li | ist all funds | y any pe s or othe | erson (er ass | or entity for you, ets that are bein | your spouse, g held in trust | or your d or escro | dependents. Include any legal w by you, your spouse, or your |
| Trustee or Escrow Agent's Name | Address | 1 | e Established m/dd/yyyy) Gran | | tor Beneficiaries | | Pre | Present Market Value of Assets | |
| | | 1 1 | | | | | \$ | \$ | |
| | | 1 1 | | | | | | \$ | |
| | | 1 1 | 7 | | | | \$ | | |
| If the market value of any asset is u | nknown, de | scribe the a | asset and s | state its | cost, | if you know it. | | | |
| Item Transfers of Asset List each person or entity to whom yo loan, gift, sale, or other transfer (excl entity, state the total amount transfer | ou have trar ude ordinar | y and nece | | | | | | | |
| Transferee's Name, Address, Relationship Pro | | Propert | operty Transferred | | Ag | gregate Value | Transfer Date (mm/dd/yyyy) | | Type of Transfer (e.g., Loan, Gift) |
| | | | | | \$ | | 1 1 | | |
| | | | | | \$ | | 1 1 | | |
| | | | | | \$ | | 1 1 | | |
| If the market value of any asset is u | nknown, de | scribe the a | asset and s | state its | cost, | if you know it. | | | • |

| | ocument Re uests of the following documents with your c | ompleted Fina | ancial Statement. | | |
|---------------------------------|--|---------------|---|--------------|--|
| | Federal tax returns filed during th | ne last three | years by or on behalf of you, your spouse, or your depender | nts. | |
| | All applications for bank loans or other extensions of credit (other than credit cards) that you, your spouse, or your dependents have submitted within the last two years, including by obtaining copies from lenders if necessary. | | | | |
| Item | For each bank account listed in I | tem . all acc | count statements for the past 3 years. | | |
| | | | · · · | vacavda) tha | |
| Item 11 | | eturn, annual | ovide (including by causing to be generated from accounting I income statement, the most recent year-to-date income sta | | |
| Item 17 | | | by property listed in Item 17, including appraisals done for ins property where the total appraised value of all property in the | | |
| Item 18 | All appraisals that have been pre | pared for rea | al property listed in Item 18. | | |
| Item 21 | Documentation for all debts listed | | | | |
| Item 22 | All executed documents for any t | rust or escro | ow listed in Item 22. Also provide any appraisals, including in | nsurance | |
| Non 22 | appraisals that have been done f | or any asset | s held by any such trust or in any such escrow. | | |
| | SUM | MARY F | INANCIAL SC EDULES | | |
| Item Co | om ined alance S eet for Y | ou Your S | ouse and Your De endents | | |
| Assets | | | Lia ilities | | |
| Cash on Hand | (Item) | \$ | Loans Against Publicly Traded Securities (Item 10) | \$ | |
| Funds Held in I | Financial Institutions (Item) | \$ | Vehicles - Liens (Item 16) | \$ | |
| U.S. Governme | ent Securities (Item 10) | \$ | Real Property Encumbrances (Item 18) | \$ | |
| Publicly Tradeo | 1 Securities (Item 10) | \$ | Credit Cards (Item 1) | \$ | |
| Non-Public Bus | siness and Financial Interests (Item 11) | \$ | Taxes Payable (Item 20) | \$ | |
| Amounts Owed | to You (Item 12) | \$ | Amounts Owed by You (Item 21) | \$ | |
| Life Insurance | Policies (Item 13) | \$ | Ot er Lia ilities Itemi e | | |
| Deferred Incom | ne Arrangements (Item 14) | \$ | | \$ | |
| Vehicles (Item | | \$ | | \$ | |
| | Property (Item 17) | \$ | | \$ | |
| Real Property (| · · · · · · · · · · · · · · · · · · · | \$ | | \$ | |
| Ot er Assets | Itemi e | | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | Total Access | \$ | T-4-11:- 194: | \$ | |
| | Total Assets | \$ \$ | Total Lia ilities | \$ | |
| Provide the cur | om ined Current Mont ly Inc rent monthly income and expenses for ard expenditures in the appropriate cal | you, your spo | enses for You Your S ouse and Your De ender ouse, and your dependents. Do not include credit card payments se | | |
| Income State source of eac item | | | E enses | | |
| Salary - After T Source: | axes | \$ | Mortgage or Rental Payments for Residence(s) | \$ | |
| Fees, Commiss Source: | sions, and Royalties | \$ | Property Taxes for Residence(s) | \$ | |
| Interest Source: | | \$ | Rental Property Expenses, Including Mortgage Payments, Taxes, and Insurance \$ | | |
| Dividends and Source: | Capital Gains | \$ | Car or Other Vehicle Lease or Loan Payments | \$ | |
| Gross Rental Ir Source: | ncome | \$ | Food Expenses | \$ | |
| Profits from So Source: | le Proprietorships | \$ | Clothing Expenses | \$ | |
| Distr butions fro | om Partnerships, S-Corporations, | ns, Utilities | | | |

| Initia | le: | |
|--------|-----|--|
| шша | | |

| Item Com ined Current Mont ly In | come and E | enses for You Your S ouse and Your De ender | nts cont | |
|---|------------|---|----------|--|
| Distr butions from Trusts and Estates Source: | \$ | Medical Expenses, Including Insurance | \$ | |
| Distr butions from Deferred Income Arrangements | \$ | Other Insurance Premiums | \$ | |
| Source: Social Security Payments | \$ | Other Transportation Expenses | \$ | |
| Alimony/Child Support Received | \$ | Ot er E enses Itemi e | Ψ | |
| Gambling Income | \$ | | \$ | |
| Ot er Income Itemi e | | | \$ | |
| | \$ | | \$ | |
| | \$ | | \$ | |
| | \$ | | \$ | |
| Total Income | \$ | Total E enses | \$ | |
| | A | TTAC MENTS | | |
| Item Documents Attac ed to t is F List all documents that are being submitted with this | | tement nent. For any Item 24 documents that are not attached, explain why. | | |
| Item No. Document Relates To | | Description of Document | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| I am submitting this financial statement with the understanding that it may affect action by the Federal Trade Commission or a federal court. I have used my best efforts to obtain the information requested in this statement. The responses I have provided to the items above are true and contain all the requested facts and information of which I have notice or knowledge. I have provided all requested documents in my custody, possession, or control. I know of the penalties for false statements under 18 U.S.C. § 1001, 18 U.S.C. § 1621, and 18 U.S.C. § 1623 (five years imprisonment and/or fines). I certify under penalty of perjury under the laws of the United States that the foregoing is true and correct. | | | | |
| Executed on: | | | | |
| (Date) | Signa | ature | | |

ATTACHMENT B

FEDERAL TRADE COMMISSION

FINANCIAL STATEMENT OF CORPORATE DEFENDANT

Instructions:

- 1. Complete all items. Enter "None" or "N/A" ("Not Applicable") where appropriate. If you cannot fully answer a question, explain why.
- 2. The font size within each field will adjust automatically as you type to accommodate longer responses.
- 3. In completing this financial statement, "the corporation" refers not only to this corporation but also to each of its predecessors that are not named defendants in this action.
- 4. When an Item asks for information about assets or liabilities "held by the corporation," include <u>ALL</u> such assets and liabilities, located within the United States or elsewhere, held by the corporation or held by others for the benefit of the corporation.
- 5. Attach continuation pages as needed. On the financial statement, state next to the Item number that the Item is being continued. On the continuation page(s), identify the Item number being continued.
- 6. Type or print legibly.
- 7. An officer of the corporation must sign and date the completed financial statement on the last page and initial each page in the space provided in the lower right corner.

Penalty for False Information:

Federal law provides that any person may be imprisoned for not more than five years, fined, or both, if such person:

- (1) "in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry" (18 U.S.C. § 1001);
- (2) "in any . . . statement under penalty of perjury as permitted under section 1746 of title 28, United States Code, willfully subscribes as true any material matter which he does not believe to be true" (18 U.S.C. § 1621); or
- (3) "in any (... statement under penalty of perjury as permitted under section 1746 of title 28, United States Code) in any proceeding before or ancillary to any court or grand jury of the United States knowingly makes any false material declaration or makes or uses any other information . . . knowing the same to contain any false material declaration." (18 U.S.C. § 1623)

For a felony conviction under the provisions cited above, federal law provides that the fine may be not more than the greater of (i) \$250,000 for an individual or \$500,000 for a corporation, or (ii) if the felony results in pecuniary gain to any person or pecuniary loss to any person other than the defendant, the greater of twice the gross gain or twice the gross loss. 18 U.S.C. § 3571.

BACKGROUND INFORMATION

| Item 1. General Information | | |
|--|---|----------------------------------|
| Corporation's Full Name | | |
| Primary Business Address | | From (Date) |
| Telephone No. | Fax No | |
| E-Mail Address | Internet Home Page | |
| All other current addresses & previous addresses | resses for past five years, including p | ost office boxes and mail drops: |
| Address | | From/Until |
| Address | | From/Until |
| Address_ | | From/Until |
| All predecessor companies for past five year | ars: | |
| Name & Address | | From/Until |
| Name & Address | | From/Until |
| Name & Address | | From/Until |
| Itania 2 | | |
| Item 2. Legal Information | State & Date of Lecom | , ouation |
| Federal Taxpayer ID No. | | |
| State Tax ID No. | State Profit or N | Not For Profit |
| Corporation's Present Status: Active | Inactive | Dissolved |
| If Dissolved: Date dissolved | By Whom | |
| Reasons | | |
| Fiscal Year-End (Mo./Day) | | |
| | | |
| Item 3. Registered Agent | | |
| Name of Registered Agent | | |
| Address | | Telephone No. |

| List all persons and entities that own at least 5% of the corporation's stock. | | |
|---|----------------------|----------------------|
| Name & Address | | % Owned |
| | | |
| | | |
| Item 5. Board Members | | |
| List all members of the corporation's Board of Directors. | | |
| Name & Address | % Owned | Term (From/Until) |
| | | |
| | | |
| | | |
| Item 6. Officers | | |
| List all of the corporation's officers, including <i>de facto</i> officers (individuals w whose titles do not reflect the nature of their positions). | ith significant mana | gement responsibilit |
| Name & Address | | % Owned |
| | | |
| | | - |
| | | |

<u>Item 4.</u>

Principal Stockholders

| <u>Item 7.</u> | Businesses Related to the Corporation | | | |
|--------------------|---|----------------------------|---------------------------|-------------|
| List all corpo | orations, partnerships, and other business entiti | es in which this corporat | ion has an ownership ii | nterest. |
| | Name & Address | | Business Activities | % Owned |
| | | | | |
| State which | of these businesses, if any, has ever transacted | | | |
| Item 8. | Businesses Related to Individuals | | | |
| | orations, partnerships, and other business entities officers (i.e., the individuals listed in Items 4 - | | | ders, board |
| <u>Individual'</u> | 's Name Business Name & | <u>Address</u> | Business Activities | % Owned |
| | of these businesses, if any, have ever transacted | | | |
| <u>Item 9.</u> | Related Individuals | | | |
| years and cu | ed individuals with whom the corporation has harrent fiscal year-to-date. A "related individual's, board members, and officers (i.e., the individual) | 'is a spouse, sibling, par | ent, or child of the prin | |
| | Name and Address | <u>Relation</u> | nship <u>Business</u> | Activities |
| | | | | |
| | | | | |

| <u>Name</u> | Firm Name | <u>Address</u> | <u>CPA/PA?</u> |
|--|------------------------------------|--|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| em 11. Corp | oration's Recordkeeping | | |
| ist all individuals wire last three years. | thin the corporation with responsi | ibility for keeping the corporation's fina | ancial books and records |
| | Name, Address, & Telepho | one Number | Position(s) Held |
| | | | - |
| | | | |
| | | | - |
| em 12. Attor | neys | | |
| ist all attorneys retai | ned by the corporation during the | last three years. | |
| <u>Name</u> | Firm Name | Address | |
| | | | |
| | | | |
| | | | |

<u>Item 10.</u>

Outside Accountants

Item 13. Pending Lawsuits Filed by the Corporation

List all pending lawsuits that have been filed by the corporation in court or before an administrative agency. (List lawsuits that resulted in final judgments or settlements in favor of the corporation in Item 25).

| Opposing Party's Nam | ne & Address | | |
|----------------------|------------------|-------------------|--|
| Court's Name & Addr | ess | | |
| Docket No | Relief Requested | Nature of Lawsuit | |
| | Status | | |
| Opposing Party's Nam | ne & Address | | |
| | | | |
| | | Nature of Lawsuit | |
| | | | |
| | | | |
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| | | Nature of Lawsuit | |
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| | | Nature of Lawsuit | |
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| | ess | | |
| | | Nature of Lawsuit | |
| | | | |
| | | | |
| | | | |
| Court's Name & Addr | ress | | |
| Docket No | Relief Requested | Nature of Lawsuit | |
| | Status | | |

Item 14. Current Lawsuits Filed Against the Corporation

List all pending lawsuits that have been filed against the corporation in court or before an administrative agency. (List lawsuits that resulted in final judgments, settlements, or orders in Items 26 - 27).

| Opposing Party's Name & | Address | |
|-------------------------|------------------|-------------------|
| Court's Name & Address_ | | |
| Docket No | Relief Requested | Nature of Lawsuit |
| | Status | |
| Opposing Party's Name & | Address | |
| | | |
| | | Nature of Lawsuit |
| | Status_ | |
| | | |
| | | |
| | | Nature of Lawsuit |
| | | |
| Opposing Party's Name & | Address | |
| | | |
| | | Nature of Lawsuit |
| | Status | |
| | | |
| | | |
| | | Nature of Lawsuit |
| | | |
| | | |
| | | |
| | | Nature of Lawsuit |
| | Status | |

| <u>1tem 15.</u> | вапктири | y iniormati | on | | | | |
|------------------------|---------------|--------------------|---------------------|-------------------|--|--|---------------|
| List all state in | nsolvency and | l federal banl | kruptcy proce | eedings involv | ing the corpora | tion. | |
| Commenceme | nt Date | | Termina | tion Date | | _ Docket No | |
| If State Court: | Court & Cou | inty | | If Fed | eral Court: Dis | trict | |
| Disposition | | | | | | | |
| <u>Item 16.</u> | Sai | fe Deposit B | oxes | | | | |
| | | | | | where, held by to the state of each box. | he corporation, or held by | others for th |
| Owner's Name | <u>e Na</u> | me & Addre | ss of Deposit | ory Institution | | | Box No. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | FINAN | CIAL INFOR | MATION | | |
| | ets and liabi | lities, locate | d within the | | | held by the corporation, held by the corporation | |
| <u>Item 17.</u> | Tax Retur | ns | | | | | |
| List all federal | and state con | porate tax re | turns filed fo | or the last three | complete fisca | l years. Attach copies of a | all returns. |
| Federal/ State/Both | Tax Year | Tax Due Federal | Tax Paid Federal | Tax Due State | Tax Paid State | Preparer's Nam | <u>ne</u> |
| | | \$ | \$ | \$ | \$ | | |
| | | \$ | \$ | \$ | \$ | | |

| Item 18. | Financial | Statements |
|----------|-----------|-------------------|
| | | |

List all financial statements that were prepared for the corporation's last three complete fiscal years and for the current fiscal year-to-date. *Attach copies of all statements, providing audited statements if available.*

| <u>Year</u> | Balance Sheet | Profit & Loss Statement | Cash Flow Statement | Changes in Owner's Equity | Audited? |
|-------------|---------------|-------------------------|---------------------|---------------------------|----------|
| | | | | | |
| | | | ` | | |
| | | | - | · | |
| | | | | | |
| | | | | | |
| | | | - | | |

Item 19. Financial Summary

Cash on Hand \$

For each of the last three complete fiscal years and for the current fiscal year-to-date for which the corporation has not provided a profit and loss statement in accordance with Item 18 above, provide the following summary financial information.

| | Current Year-to-Date | 1 Year Ago | 2 Years Ago | 3 Years Ago |
|------------------------|----------------------|------------|-------------|-------------|
| Gross Revenue | \$ | \$ | \$ | \$ |
| <u>Expenses</u> | \$ | \$ | \$ | \$ |
| Net Profit After Taxes | \$ | \$ | \$ | \$ |
| <u>Payables</u> | \$ | | | |
| Receivables | \$ | | | |

Item 20. Cash, Bank, and Money Market Accounts

List cash and all bank and money market accounts, including but not limited to, checking accounts, savings accounts, and certificates of deposit, held by the corporation. The term "cash" includes currency and uncashed checks.

Cash Held for the Corporation's Benefit \$

| | ~ |
|--|--------------------|
| Name & Address of Financial Institution Signator(s) on Account Account No. | Current Balance |
| <u></u> \$ | |
| | |
| | |
| | |
| Ф | |

Item 21. Government Obligations and Publicly Traded Securities

List all U.S. Government obligations, including but not limited to, savings bonds, treasury bills, or treasury notes, held by the corporation. Also list all publicly traded securities, including but not limited to, stocks, stock options, registered and bearer bonds, state and municipal bonds, and mutual funds, held by the corporation.

| Issuer | Type of Security/Obl | igation | | | |
|--|---------------------------------------|--------------------------|--|--|--|
| No. of Units Owned | Current Fair Market Value \$ | Maturity Date | | | |
| Issuer | Type of Security/Obl | igation | | | |
| No. of Units Owned | Current Fair Market Value \$ | Maturity Date | | | |
| Item 22. Real Estate | | | | | |
| List all real estate, including leasel | nolds in excess of five years, held b | y the corporation. | | | |
| Type of Property | Property's I | Location | | | |
| Name(s) on Title and Ownership P | Percentages | | | | |
| Current Value \$ | Loan or Account No. | | | | |
| Lender's Name and Address | | | | | |
| Current Balance On First Mortgag | e \$ Monthly Pay | ment \$ | | | |
| Other Loan(s) (describe) | | Current Balance \$ | | | |
| Monthly Payment \$ | Rental Unit? | Monthly Rent Received \$ | | | |
| Type of Property | Property's I | Location | | | |
| Name(s) on Title and Ownership F | ercentages | | | | |
| Current Value \$ | Loan or Account No. | | | | |
| Lender's Name and Address | | | | | |
| Current Balance On First Mortgag | e \$ Monthly Pay | ment \$ | | | |
| Other Loan(s) (describe) | Current Balance \$ | | | | |
| Monthly Payment \$ | Rental Unit? | Monthly Rent Received \$ | | | |

Item 23. Other Assets

List all other property, by category, with an estimated value of \$2,500 or more, held by the corporation, including but not limited to, inventory, machinery, equipment, furniture, vehicles, customer lists, computer software, patents, and other intellectual property.

| Property Category | Property Location | Acquisition Cost | <u>Current</u> <u>Value</u> |
|-------------------|-------------------|---------------------|--------------------------------|
| | | _ \$ | _ \$ |
| | | _ \$ | _ \$ |
| | | _ \$ | \$ |
| | | _ \$ | \$ |
| | | _ \$ | \$ |
| | | _ \$ | \$ |
| | | _ \$ | \$ |
| | | _ \$ | \$ |
| | - <u></u> | \$ | \$ |

Item 24. Trusts and Escrows

List all persons and other entities holding funds or other assets that are in escrow or in trust for the corporation.

| Trustee or Escrow Agent's Name & Address | Description and Location of Assets | Present Market Value of Assets |
|---|------------------------------------|--------------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Item 25. Monetary Judgments and Settlements Owed To the Corporation

List all monetary judgments and settlements, recorded and unrecorded, owed to the corporation. Opposing Party's Name & Address Court's Name & Address Docket No. Nature of Lawsuit Date of Judgment Amount \$ Opposing Party's Name & Address Court's Name & Address Docket No. Nature of Lawsuit Date of Judgment Amount \$ Monetary Judgments and Settlements Owed By the Corporation **Item 26.** List all monetary judgments and settlements, recorded and unrecorded, owed by the corporation. Opposing Party's Name & Address Court's Name & Address Docket No. Nature of Lawsuit_____ Date____ Amount \$_____ Opposing Party's Name & Address Court's Name & Address Docket No. Nature of Lawsuit_____ Date of Judgment_ Amount \$ Opposing Party's Name & Address Court's Name & Address _____ Docket No.____ Date of Judgment Amount \$ Nature of Lawsuit Opposing Party's Name & Address Court's Name & Address Docket No. Nature of Lawsuit Date of Judgment Amount \$ Opposing Party's Name & Address_____ Court's Name & Address Docket No. Nature of Lawsuit _____ Date of Judgment _____ Amount \$_____

Item 27. Government Orders and Settlements

| List all existing orders and settlements between the c | orporation and any federal or state government entities. | | | |
|---|---|--|--|--|
| Name of Agency | Contact Person | | | |
| Address | Telephone No | | | |
| Agreement DateNature of Agreem | nent | | | |
| Item 28. Credit Cards List all of the corporation's credit cards and store cha | arge accounts and the individuals authorized to use them. | | | |
| Name of Credit Card or Store | Names of Authorized Users and Positions Held | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Item 29. Compensation of Employees

List all compensation and other benefits received from the corporation by the five most highly compensated employees, independent contractors, and consultants (other than those individuals listed in Items 5 and 6 above), for the two previous fiscal years and current fiscal year-to-date. "Compensation" includes, but is not limited to, salaries, commissions, consulting fees, bonuses, dividends, distributions, royalties, pensions, and profit sharing plans. "Other benefits" include, but are not limited to, loans, loan payments, rent, car payments, and insurance premiums, whether paid directly to the individuals, or paid to others on their behalf.

| Name/Position | Current Fiscal Year-to-Date | 2 Years Ago | Compensation or Type of Benefits |
|---------------|--------------------------------|-------------|-------------------------------------|
| | _ \$ | \$ _ \$ | |
| | \$ | \$ _ \$ | |
| | \$ | \$ _ \$ | |
| | \$ | \$ \$ | |
| | _ \$ | \$ \$ | |

Item 30. Compensation of Board Members and Officers

List all compensation and other benefits received from the corporation by each person listed in Items 5 and 6, for the current fiscal year-to-date and the two previous fiscal years. "Compensation" includes, but is not limited to, salaries, commissions, consulting fees, dividends, distributions, royalties, pensions, and profit sharing plans. "Other benefits" include, but are not limited to, loans, loan payments, rent, car payments, and insurance premiums, whether paid directly to the individuals, or paid to others on their behalf.

| Name/Position | Current Fiscal Year-to-Date | 1 Year Ago | 2 Years Ago | Compensation or Type of Benefits |
|---------------|--------------------------------|------------|-------------|-------------------------------------|
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | _\$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |

Item 31. Transfers of Assets Including Cash and Property

List all transfers of assets over \$2,500 made by the corporation, other than in the ordinary course of business, during the previous three years, by loan, gift, sale, or other transfer.

| Transferee's Name, Address, & Relationship | Property Transferred | Aggregate <u>Value</u> | <u>Transfer</u> <u>Date</u> | Type of Transfer (e.g., Loan, Gift) |
|--|-------------------------|---------------------------|--------------------------------|-------------------------------------|
| | | _ \$ | | |
| | | _\$ | | |
| | | _ \$ | | |
| | | \$ | | |
| | | \$ | | |

Item 32. Documents Attached to the Financial Statement

List all documents that are being submitted with the financial statement.

| Item No. Document Relates To | Description of Document |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Commission or a federaresponses I have provide notice or knowledge. I penalties for false states | g this financial statement with the understanding that it may affect action by the Federal Trade all court. I have used my best efforts to obtain the information requested in this statement. The led to the items above are true and contain all the requested facts and information of which I have provided all requested documents in my custody, possession, or control. I know of the ments under 18 U.S.C. § 1001, 18 U.S.C. § 1621, and 18 U.S.C. § 1623 (five years imprisonment under penalty of perjury under the laws of the United States that the foregoing is true and correct |
| Executed on: | |
| (Date) | Signature |
| | Corporate Position |

ATTACHMENT C

(Novmeber 2021)

Department of the Treasury Internal Revenue Service

Request for Copy 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, visit www.irs.gov/form4506. Tip: Get faster service: Online at www.irs.gov, Get Your Tax Record (Get Transcript) or by calling 1-800-908-9946 for specialized assistance. We

have teams available to assist. Note: Taxpayers may register to use Get Transcript to view, print, or download the following transcript types: Tax Return Transcript (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with

OMB No. 1545-0429

any forms and schedules), Tax Account Transcript (shows basic data such as return type, marital status, AGI, taxable income and all payment types), Record of Account Transcript (combines the tax return and tax account transcripts into one complete transcript), Wage and Income Transcript (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and Verification of Non-filing Letter (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request). 1a Name shown on tax return. If a joint return, enter the name shown first. 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) 2b Second social security number or individual 2a If a joint return, enter spouse's name shown on tax return. taxpayer identification number if joint tax return 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) Previous address shown on the last return filed if different from line 3 (see instructions) 5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. Caution: If the tax return is being sent to the third party, ensure that lines 5 through 7 are completed before signing. (see instructions). Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions). Fee. There is a \$43 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order. 43.00 Cost for each return Number of returns requested on line 7 Total cost. Multiply line 8a by line 8b . If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here 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 return 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 on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date. Signatory attests that he/she has read the attestation clause and upon so reading Phone number of taxpayer on line declares that he/she has the authority to sign the Form 4506. See instructions. 1a or 2a Signature (see instructions) Sign Here Print/Type name Title (if line 1a above is a corporation, partnership, estate, or trust) Spouse's signature

Print/Type name

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506 and its instructions, go to www.irs.gov/form4506.

General Instructions

Caution: Do not sign this form unless all applicable lines, including lines 5 through 7, have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

Mail to:

Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301

Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin

Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999

Alaska, Arizona,
California, Colorado,
Connecticut, District of
Columbia, Hawaii, Idaho,
Kansas, Maryland,
Michigan, Montana,
Nebraska, Nevada, New
Mexico, North Dakota,
Ohio, Oregon,
Pennsylvania, Rhode
Island, South Dakota,
Utah, Washington, West
Virginia, Wyoming

Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

Chart for all other returns

For returns not in Form 1040 series, if the address on the return was in:

Mail to:

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, lowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

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

Note. If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B,Change of Address or Responsible Party — Business, with Form 4506.

Line 7. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 return, or 03/31/2017 for a first quarter Form 941 return.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5 through 7, are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be

processed and returned to you if the box is unchecked.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

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.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5a. Form 2848 showing the delegation must be attached to Form 4506.

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 return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terroriem.

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 will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 16 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 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service Tax Forms and Publications Division 1111 Constitution Ave. NW, IR-6526 Washington, DC 20224.

Do not send the form to this address. Instead, see