



PAID FANTASY SPORTS GAME OPERATOR LICENSE APPLICATION

State Form 56175 (R2 / 11-22)
INDIANA GAMING COMMISSION

For Official Use Only
License Fee Paid _____
Date Received _____
Reviewed By _____
Date Entered _____

The Indiana Gaming Commission ("Commission") may require applicants to disclose additional information not covered by this application. Failure to provide this information could result in rejection or delay the processing of this application.

An Applicant seeking a Paid Fantasy Sports Game Operator's License must submit this form. The following persons or entities are required to hold a Paid Fantasy Sports Game Operator's License:

1. A person who is engaged in the business of professionally conducting Paid Fantasy Sports Games for cash prizes for members of the general public; and
2. Requires cash or a cash equivalent; and has an entry fee to be paid by a member of the general public who participates in a Paid Fantasy Sports Game.

FEES

Please refer to the Indiana Gaming Commission website (<http://www.in.gov/igc/2807.htm>) for Paid Fantasy Sports Game Operator licensing requirements and fees.

All fees are non-refundable and non-transferable.

All fees must be submitted in the form of certified check or cashiers check made payable to the Indiana Gaming Commission: **DO NOT SEND CASH.**

Paid Fantasy Sports Game Operator License Application Fee is \$50,000. The application fee must be paid at the time of application. IC 4-33-24-15.

The division may increase the initial fee up to seventy-five thousand dollars (\$75,000) to pay for all of the direct and indirect costs of the operation of the division. IC 4-33-24-15.

The cost of an investigation, reinvestigation and any investigation resulting from a potential transfer of ownership will be assessed. IC 4-33-24-17 (c).

A Paid Fantasy Sports Game Operator's License is valid for one year and must be renewed annually upon payment of a \$5,000 annual renewal fee. IC 4-33-24-15.



www.in.gov/igc

INSTRUCTIONS

1. Capitalized terms will have the definition given in IC 4-33-24 and 68 IAC rules applicable to Paid Fantasy Sports, or in this form.
2. The Applicant is seeking a privilege and has the burden of proving its qualifications for licensure during an investigation. The Applicant accepts any risk of adverse public notice, embarrassment, criticism, other action, or financial loss that may result from action regarding this form, and expressly waives any claim for damages as a result thereof. The Commission may request information not called for in this form or in addition to information provided in response to questions contained in this form. The Applicant must provide all information, documents, materials and certifications at Applicant's sole expense and cost.
3. The total cost of the investigation conducted pursuant to this form is borne by the Applicant.
4. The Applicant should respond to the questions contained in this form to the best of its knowledge. A misrepresentation or omission is grounds for disciplinary action by the Commission.
5. The Applicant is under a continuing duty to disclose promptly any material changes in the information provided in the form and requested materials submitted to the Commission. The duty to make additional disclosures continues as long as the license remains valid.
6. Submission of internal controls will be requested after initial review of the Application.
7. Type or print the answers to questions in black ink.
8. If the answer or material response to a question has been provided in response to another question in the form, refer to the other question.
9. The male pronoun when used in this form includes the masculine and feminine and neuter and also the plural, as appropriate.
10. Submit one (1) electronic version of this application and all exhibits on a CD or USB flash drive to the IGC office, or via secure file share to swapps@igc.in.gov.
 - a. Send payment to the IGC office. Electronic methods of payment are available upon request.
 - b. All files should be provided in portable document format (PDF) in a minimum resolution of 200-300 dots per inch (DPI). **The application and each exhibit should be saved on CD/USB or submitted via file share as separate and distinct files.**
 - c. Do not submit documents in hard copy format.

11. All materials submitted to the Commission must be sent to:

Indiana Gaming Commission
East Tower, Suite 1600
101 W. Washington Street
Indianapolis, Indiana 46204-3408

IMPORTANT NOTICES

- You may be required to provide additional information or submit additional forms.
- If you have any questions about this application or the licensing process, contact the Director of Sports Wagering and Paid Fantasy Sports at (317) 233-0046.

DEFINITIONS

Age Verification: A method used by a Paid Fantasy Sports Game system or device to verify the validity of a consumer's age.

Applicant: An Individual or Business Entity who directly or indirectly has applied for a Paid Fantasy Sports Operator's License.

Business Entity: Any of the following: partnership, incorporated or unincorporated association or group, firm, or any other form of business.

Casino Licensee: A gambling game licensee as defined by IC 4-35-5, a licensed owner as defined by IC 4-33-2-13, or an operating agent as defined by IC 4-33-2-14.5.

Confidential Information: Information related to the play of Paid Fantasy Sports Games by Game Participants obtained solely as a result of or by virtue of a person's employment.

Game Operator: A person or business entity who is engaged in the business of professionally conducting Paid Fantasy Sports Games for cash prizes for members of the general public; and requires a cash or cash equivalent as an entry fee to be paid by a member of the general public who participates in a Paid Fantasy Sports Game.

Game Participant: An Individual who participates in a Paid Fantasy Sports Game offered by a Game Operator.

Geolocation: The identification of the real-world geographic location of a Game Participant.

Individual: Any natural person.

Key Person: Any officer, director, executive, trustee, Substantial Owner, independent contractor, or agent of a Business Entity, having the power to exercise either alone or in conjunction with others, management or operating authority of a Business Entity or affiliate thereof.

Paid Fantasy Sports Game: Any fantasy or simulation sports game or contest that meets the definition contained within IC 4-33-24.

Paid Fantasy Sports Game Contest Platform: Any website, smart phone application or other portal providing access to a Paid Fantasy Sports Game.

Substantial Owner: Any (1) Individual who is not an Institutional Investor and who holds any direct, indirect, or attributable interest whose combined direct, indirect or attributable interest is 5% or more ownership interest in a Business Entity; or (2) an Institutional Investor holding 15% or more interest in a Business Entity.

Paid Fantasy Sports Game Operators License Application

Check the type of organization (*Check one*):

- Corporation
 Limited Liability Company
 Sole Proprietorship
 Individual
 Fiduciary
 Association
 Other Business Entity _____

If this Application is being filed as part of a transfer of ownership in a Fantasy Sports Operators Licensee, please provide the name of the Licensee that the Applicant is acquiring:

Name of Applicant (<i>first, middle, last</i>)	Doing Business As
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Business address (*number and street, do not enter a P.O. Box*)

City	State/Province	Country	ZIP/Postal code	Telephone number ()
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Federal identification number	Indiana Taxpayer identification number
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Mailing address (*number and street*)

City	State/Province	Country	ZIP/Postal code	Fax number ()
------	----------------	---------	-----------------	------------------------

Name of attorney representing the Applicant before the Commission	Firm name
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Business address (*number and street*)

City	State/Province	Country	ZIP/Postal code	Telephone number ()
------	----------------	---------	-----------------	------------------------------

Fax number ()	E-mail address
------------------------	----------------

Name of contact person (<i>if different from above</i>)	Title
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Business address (*number and street*)

City	State/Province	Country	ZIP/Postal code	Telephone number ()
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Fax number ()	E-mail address
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Exhibits

1. Submit as **Exhibit 1** the types of Paid Fantasy Sports Games available for play along with answers to the following questions:
 - (a) Are the values of all prizes and awards offered to winning game participants established and made known to the game participants in advance of the game or contest?
 - (b) How are winning outcomes determined?
 - (c) Are any winning outcomes based on the score, point spread, or performance or performances of any single team or combination of teams, or solely on any single performance of an individual athlete or player in any single event?
 - (d) Are any games based on college or high school sports?
 - (e) Are any winning outcomes based on the accumulated statistical results of a performance by an Individual or horse in a race or races at a recognized meeting or on simulcast? If so, have those games been authorized by the Indiana Horse Racing Commission?
 - (f) What are the entry fees for games offered?
2. Submit as **Exhibit 2** a description of the Paid Fantasy Sports Game Contest Platform. Include information regarding any third party evaluations and/or security reviews.
3. Submit as **Exhibit 3** the following information:
 - (a) A detailed description of Applicant's business including the background and skills of the Applicant and Applicant's Key Persons. Also, provide a listing of any predecessor company including a description of the type of business it conducted.
 - (b) Current address and description of all physical facilities, including number of employees and nature of each facility's business.
 - (c) A list of former addresses of operation within the past five (5) years including the types of business conducted at each location.
 - (d) A list of any additional interest in other paid fantasy sports game operators.
4. If Paid Fantasy Sports Games are being offered at a licensed Indiana casino, or a satellite facility licensed under IC 4-31-5.5, submit as **Exhibit 4** an agreement with or a statement of intent from a Casino Licensee, Casino License Applicant, or a satellite facility operator stating that the Applicant will be supplying goods and services upon the Applicant receiving a Paid Fantasy Sports Game Operator's License. Submit, as applicable, copies of the following documents:
 - (a) Contracts, leasing or rental agreements;
 - (b) Purchase/Sale agreements;
 - (c) Security or Servicing agreement; and
 - (d) Management contracts.
5. Submit as **Exhibit 5** a plan for:
 - (a) Age verification of Game Participants;
 - (b) Geolocation of Game Participants;
 - (c) Maintaining the security of identity and financial information of Game Participants; and
 - (d) Prohibiting the promotion and advertisement of Paid Fantasy Sports Games in any publication or medium aimed exclusively at juveniles, or at elementary schools, high schools, or sports venues used exclusively for elementary and high schools.

Exhibits (continued)

6. Identify in **Exhibit 6** all vendors used by Applicant to create and conduct Paid Fantasy Sports Games. Include the following:
- (a) A description of the services provided by the vendor;
 - (b) A description of the due diligence procedures used by the Applicant for vendor selection; and
 - (c) A list of any Public Officials or officers or employees of a governmental entity, or relative thereof, who holds an interest in a contractual or service relationship with the Applicant.
7. Provide as **Exhibit 7** a copy of any policy that prohibits employees of Applicant (and Casino Licensees, Casino Licensee Applicants, or satellite facility operators if contracting with said entities), including owners, directors, and officers, and any relative of an employee living in the household, from playing Paid Fantasy Sports Games in which the cash prize exceeds \$5.
8. Provide as **Exhibit 8** a copy of the policy or method of ensuring that employees of the Applicant, Casino Licensees, Casino Licensee Applicants or satellite facility operators are prohibited from sharing Confidential Information with third parties.
9. Submit as **Exhibit 9** a plan for preventing any player, game official, or other participant in an actual sporting event or competition from participating in any Paid Fantasy Sports Game that is determined in whole or in part on the performance of that individual, the individual's team, or the accumulated statistical results of the sporting event or competition in which the individual is a player, game official, or other participant.
10. Submit as **Exhibit 10** a plan for:
- (a) Allowing individuals to self-restrict from entering Paid Fantasy Sports Games;
 - (b) Preventing the participation in Paid Fantasy Sports Games of individuals who have self-restricted from entering Paid Fantasy Sports Games; and
 - (c) Preventing Game Participants from entering more than the maximum number of allowed Paid Fantasy Sports Games.
11. If Applicant or any of its Substantial Owners is a corporation, submit as **Exhibit 11**:
- (a) The name, including former and assumed names, the address of the corporate headquarters, and the FIN of the corporation.
 - (b) A certificate of good standing from the state of incorporation of Applicant and a certificate of good standing issued by the Indiana Secretary of State indicating Applicant is qualified to do business in the State of Indiana.
 - (c) For present Key Persons of each corporation, their names, positions, business addresses and telephone numbers.
 - (d) For each corporation:
 - 1. Certified copies of the articles of incorporation or corporate charters, and amendments thereto, of Applicant and its affiliated companies;
 - 2. Articles of association;
 - 3. By-laws;
 - 4. The classes of stock and number of shares;
 - 5. The number of shares authorized, issued, or outstanding;
 - 6. The par value and market value of the shares;

Exhibits (continued)

- 7. The voting rights per class of share (if the right of holders of a class of stock may be modified other than by a vote of majority or more of the outstanding shares so affected, voting as a class, so state and briefly explain);
 - 8. The exchange, if any, on which a class of stock may be traded; and
 - 9. A list of the names, addresses, and number of shares held for holders of outstanding shares of 5% or more.
- (e) If the beneficial owner of stock in each corporation is an Individual or Business Entity other than the owner of record or subscriber, submit the name and address of the beneficial owner, the conditions under which the owner of record or subscriber holds and votes or has subscribed for the stock; and a copy of the contract or other instrument relating to the above conditions. (Note: If a publicly held company, submit information only for those holding 5% or more interest).
- (f) A description for each corporation of all stock warrants, options or common stock equivalents which are authorized, issued and exercisable, including any applicable lists of participant names.

12. If Applicant or any of its Substantial Owners is a Business Entity other than a Corporation, submit as **Exhibit 12**:
- (a) A detailed description of the organization of each Business Entity, including but not limited to a partnership, trust or joint venture agreements and any other legal instruments of organization.
 - (b) For the present Key Persons of each Business Entity, their names, positions, business addresses, and telephone numbers.
 - (c) For each Business Entity, as applicable, the name, business address, telephone number, FIN, occupation, place and date of organization, percentage of ownership and dates when participation occurred for all present Key Persons of the Business Entity.
 - (d) For each Business Entity that is not organized under Indiana law, a statement identifying the law under which it is organized and a certificate of good standing issued by the Indiana Secretary of State indicating Applicant is qualified to do business in the State of Indiana.
 - (e) The name and business address for each participant in each Business Entity that is a general partner, limited partner, unincorporated associate, or other Business Entity other than a corporation; also, submit a statement answering (a) and (b) above for each such participant.
 - (f) The name and address of each participant in each Business Entity that is a corporation; also submit as a statement answering Question 10 for each such participant.

13. State whether Applicant possesses a paid fantasy sports related license, or any other regulatory approval for paid fantasy sports related activities, issued by any jurisdiction, including Indiana. Also state whether Applicant conducts paid fantasy sports games in any other jurisdiction in the absence of a license, or any other regulatory approval.

Answer: _____.

If the answer is “yes”, submit as **Exhibit 13** one (1) copy of each license, or the name and contact information for each jurisdiction.

14. State whether Applicant, or any of its Key Persons, has ever had any license or certificate issued by a licensing authority withdrawn, denied, restricted, suspended, revoked or not renewed:

Answer: _____

If the answer is “yes”, submit as **Exhibit 14** a statement describing in detail the facts and circumstances concerning the denial, restriction, suspension, revocation or nonrenewal, including the licensing authority, the date each licensing authority took the action, and the reason for each action.

Exhibits (continued)

15. State whether the securities or debt offerings of Applicant, or Applicant's Key Persons, have been suspended from trading or have had action taken against them by a regulatory agency:

Answer:_____.

If the answer is "yes", submit as **Exhibit 15** a detailed statement describing each suspension and/or action.

16. Has Applicant ever been adjudicated bankrupt, been the subject of an involuntary bankruptcy proceeding, been placed in receivership, or filed a petition for bankruptcy or insolvency under any bankruptcy or insolvency laws?

Answer:_____.

If the answer is "yes", submit as **Exhibit 16** a detailed list of the cases, stating for each:

- (a) The names of each party(ies);
- (b) The case number;
- (c) The name of the court and its location;
- (d) The type and nature of the case; and
- (e) The disposition of the case.

17. State whether Applicant has ever been adjudicated to have, or entered into an agreement for having, violated a statute, regulation, rule, local ordinance, or other law expressly governing a Paid Fantasy Sports Game, or been a party to any other lawsuit involving paid fantasy sports contest operation, financial crimes, crimes of moral turpitude, dishonesty, or breach of trust:

Answer:_____.

If the answer is "yes", submit as **Exhibit 17** a detailed list of the following, stating for each lawsuit:

- (a) The names of the party(ies);
- (b) The case number;
- (c) The name of the court and its location;
- (d) The type and nature of the case and/or violation; and
- (e) The disposition of the case.
- (f) Submit for the pending litigation, unsatisfied judgments, decrees, restraining orders, or injunctive orders, the pertinent facts, including the type and amount of relief sought; and
- (g) Submit for pending litigation, an assessment of the impact that the action may have on Applicant's business.

18. State whether Applicant, or its Key Persons, has ever been arrested, charged, indicted, convicted, pleaded guilty, pleaded nolo contendere, or forfeited bail for any felony, or for any other criminal offense under the laws of any jurisdiction involving paid fantasy sports contest operation, financial crimes, crimes of moral turpitude, dishonesty, or breach of trust (except for convictions which have been sealed or expunged by a court):

Answer:_____.

If the answer is "yes", submit as **Exhibit 18** a statement setting forth for each case:

- (a) The date;
- (b) The names, business addresses and telephone numbers of the Individuals and Business Entities involved;
- (c) The name and location of the court, arresting agency and prosecuting agency;
- (d) The case number;
- (e) The offense;
- (f) The disposition; and
- (g) The location and length of incarceration.

Exhibits (continued)

19. Does anyone who is a public official or officer or employee of a governmental entity, or relative thereof, directly or indirectly hold a financial or beneficial interest in the Applicant or its Key Persons?

Answer: _____.

If the answer is “yes”, submit as **Exhibit 19** a list of the names, titles, business addresses and telephone numbers of the public officials or officers or employees of a governmental entity, and/or relatives thereof.

20. Provide as **Exhibit 20** documentation verifying:

- (a) That the funds of Game Participants are segregated from the operational funds of the Applicant; and
- (b) That the Applicant maintains a reserve in the form of cash, cash equivalents, an irrevocable letter of credit, a bond, or a combination of these sources that is equal to the amount of money deposited in paid fantasy sports game accounts of Game Participants.

21. Submit as **Exhibit 21**, if applicable, the Applicant’s plan or policy regarding anti-money laundering procedures and/or the filing of suspicious activity reports and currency transaction reports.

22. Submit as **Exhibit 22**, as applicable, copies of the following documents:

- (a) Engagement letter with certified public accountant for prior fiscal year and current fiscal year; and
- (b) Financial audit of Applicant’s Paid Fantasy Sports Game operations for the last two (2) fiscal years.

23. Submit as **Exhibit 23**, the following:

- (a) Applicant’s total amount of adjusted revenue earned in the prior fiscal year;
- (b) Indiana residents’ percentage of revenue for prior fiscal year; and
- (c) Total amount of winnings earned by all players in prior fiscal year.

24. State whether Applicant is delinquent in the payment of taxes required under federal, state or municipal law:

Answer _____.

If the answer is “yes”, submit as **Exhibit 24** a detailed statement describing the delinquency or dispute, including the amount, type of tax, the taxing agencies and the time periods involved.

25. Submit as **Exhibit 25** the attached IRS Tax Form 4506-C. Return the original, signed by a corporate officer who is authorized to execute the form on behalf of the company.

26. Provide as **Exhibit 26** documentation, including percentages, showing all holders of 5% or more ownership interest in the Applicant.

27. Provide as **Exhibit 27** the organizational charts for the Applicant illustrating its operations and the identity of the Individuals/Business Entities responsible for performing the various operations.

ACKNOWLEDGMENT

On behalf of _____,
(Applicant's Name)

I, _____,
(Affiant)

hereby acknowledge that the Indiana Gaming Commission will require supplemental materials in order to carry out its statutory duties. _____,
(Applicant)

hereby agrees to submit supplemental materials as requested by the Commission.

Signature

By _____

Its _____

Date (month, day, year) _____

AFFIRMATION

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the Best of my Knowledge.

Signature

Printed Name

Position

Date (month, day, year)

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO: _____

FROM: _____

(Applicant's name)

1. Applicant hereby authorizes and requests all persons or entities to whom this request is presented having information relating to or concerning Applicant to furnish such information to a duly appointed agent of the Indiana Gaming Commission, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.

2. Applicant hereby authorizes and requests all persons or entities to whom this request is presented having documents relating to or concerning Applicant to permit a duly appointed agent of the Indiana Gaming Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.

3. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, Applicant hereby authorizes and requests that a duly appointed agent of the Indiana Gaming Commission be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to Applicant, including but not limited to past loan information, notes cosigned by Applicant, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

4. Applicant hereby makes, constitutes, and appoints any duly appointed agent of the Indiana Gaming Commission Applicant's true and lawful agent for Applicant in Applicant's name, place, stead, and on Applicant's behalf and for Applicant's use and benefit in the retrieval of information, whether or not such information is considered confidential, but only in connection with the lawful background investigation required to ascertain Applicant's suitability for a gaming license. Applicant does hereby authorize said agent:

(a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as Applicant might;

(b) to name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriate location on this request;

(c) to place the name of the Indiana Gaming Commission agent presenting this request in the appropriate location on this request.

5. Applicant grants to said agent full power and authority to request, review, copy, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers to gather information herein granted, as fully as to all intents and purposes as Applicant might or could do, with full power of substitution or revocation, hereby ratifying and confirming all that said agent, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this authorization and the rights and powers herein granted.

6. This authorization ends eighteen (18) months from the date of execution or at the termination of all licenses issued to Applicant by the Indiana Gaming Commission, whichever occurs later.

APPLICANT'S REQUEST TO RELEASE INFORMATION (continued)

7. Applicant does, for itself, its heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his or its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which Applicant ever had, now has, may have, or claim to have against the person or entity to whom this request is presented or his or its agents or employees arising out of or by reason of complying with this request.

8. Applicant agrees to indemnify and hold harmless the person or entity to whom this request is presented and his or its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

9. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this release at _____, (City)

_____ on the day of _____, 20__.

(State)

(Applicant)

By: _____

Its: _____

STATE OF _____)ss By: _____

COUNTY OF _____ Its: _____

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20__.

My commission expires: (month, day, year) _____

Notary Public, Written Signature

County of residence: _____

Notary Public, Printed Signature

RELEASE OF ALL CLAIMS

The undersigned has filed with the Indiana Gaming Commission ("Commission") certain forms and documents in connection with a written request for licensing by the Commission ("Application"). In consideration of the assurance by the Commission that a determination of suitability of the undersigned will be made following the completion of a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the State of Indiana, the Commission, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the Application.

I, the duly authorized _____ of the undersigned, have read this
(Office)

release and understand its terms. I execute it voluntarily and with full knowledge that the undersigned will be bound hereby.

IN WITNESS WHEREOF, I have executed this release at _____,
(City)

_____, on the _____ day of _____, 20__.
(State)

(Applicant)

STATE OF _____)ss By: _____
COUNTY OF _____ Its: _____

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20__.

My commission expires: (month, day, year) _____

Notary Public, Written Signature

County of residence: _____

Notary Public, Printed Signature

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-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name Indiana Gaming Commission		ii. IVES participant ID number 0000304378		iii. SOR mailbox ID DLEEKIGC	
iv. Street address (including apt., room, or suite no.) 101 W. Washington St, St 1600 East		v. City Indianapolis		vi. State IN	vii. ZIP code 46204
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name Indiana Gaming Commission				ii. Telephone number 317-233-0046	
iii. Street address (including apt., room, or suite no.) 101 W. Washington St, St 1600 East			iv. City Indianapolis		v. State IN
			vi. ZIP code 46204		

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

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 for line 6 transcripts

a. Return Transcript **b. Account Transcript** **c. Record of Account**

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

/ / / / / / / /

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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. 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-C 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 above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. 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. 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-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. 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 transcript.



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 if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C 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-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, 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 terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
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-C 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 Where to file on this page.