

**STATE OF IOWA  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF CRIMINAL INVESTIGATION**



**CLASS L-1 BACKGROUND APPLICATION**

The Iowa Division of Criminal Investigation will make every effort to handle each application in the most expeditious manner possible. However, the Iowa Division of Criminal Investigation will take whatever time necessary to conduct a thorough background investigation. Background investigations may take several weeks, depending on the level of license required and the complexity of the investigation.

### **Investigation Fee:**

An application fee of \$4,000 for an Iowa background and \$6,000 for an out-of-state background shall be paid at the time of filing. If the cost of the investigation exceeds the total amount of fees filed by the applicant in this subsection, the Iowa Division of Criminal Investigation shall assess additional fees as it deems appropriate. A check or money order payable to the Iowa Division of Criminal Investigation must be submitted by the applicant or the applicant's employer with the application's submission. The applicant or the applicant's employer shall be responsible for the total cost of the investigation. If the applicant is denied a license, the applicant shall not be entitled to a refund of the actual cost of the investigation.

### **Instructions:**

Read every question carefully prior to responding and answer every question completely. Failure to answer any question or giving incomplete answers will cause your application to be returned.

If a question does not apply to you, indicate "Not Applicable" by placing N/A in response to that question. If there is nothing to disclose as to a particular question, state "None" in response to that question.

All entries on this form must be typed or neatly printed except for initials and signatures. Each page of this form must be initialed by you after completion in the space indicated at the bottom of each page. All entries on this form, except initials and signatures, must be typed or printed. If the application is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form or incomplete submissions will result in the rejection of your application.

This application form is to be completed by the person who wishes to apply for an Iowa Lottery contract. Return the completed background application and all supporting documentation in one submission along with payment (made payable to the Iowa Division of Criminal Investigation) to the Iowa Lottery Authority, 2323 Grand Avenue, Grand Avenue, Des Moines, IA 50312.

All persons completing this application form must be fingerprinted by a law enforcement agency. Two completed fingerprint cards must accompany this application. Fingerprint cards will be furnished by the law enforcement agency taking the fingerprints.

Sign both the Statement of Truth and the Release Authorization forms in the presence of a notary public and have your signatures notarized. Complete the I.R.S. form, Part I.

If you need additional space to answer any questions, be sure to indicate the number of the question you are answering if you use this additional space.

NOTE: If the name on any of the provided identification is different than the name on your application, you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

### **DEFINITIONS**

**GAMBLING:** Shall mean all types of racing and gaming activities, including but not limited to: dog track, horse track, greyhound racing, horse racing, lottery, casino and pari-mutuel operations.

**BUSINESS ENTITIES:** Sole proprietorships, partnerships (limited and general), joint ventures, trusts, corporations publicly traded, closely held corporations, holding corporations, professional corporations, limited liability, syndications, or other type of business entity.



**CITIZENSHIP DATA**

(Check appropriate space)

9. I am:

A native born citizen of the United States?

A naturalized citizen of the United States?

An alien on visa, work paper or passport?

Other

If you are an alien;

List alien number: \_\_\_\_\_ Document number is on: \_\_\_\_\_

Port or Place of Entry into United States: \_\_\_\_\_  
Date

If you are not present in the United States on a visa, work papers or passport, explain basis for your presence in this country.

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Initials \_\_\_\_\_



## **FAMILY DATA**

11. All applicants must give complete family information. Even though a relative is deceased, give all the information requested, and indicate last residence and year of death. Include stepchildren, half-brothers and half-sisters. If you or your spouse have stepparents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included and clearly show that such relationship is a future one.

All incomplete forms (i.e. partial date of birth) will be rejected and sent back for completion.

### **APPLICANT'S FAMILY DATA**

#### **FATHER**

First	Middle	Last
Street Address: _____		
City: _____	State: _____	
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

#### **MOTHER**

First	Middle	Maiden	Last
Street Address: _____			
City: _____	State: _____		
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

#### **SPOUSE**

First	Middle	Maiden	Last
Street Address: _____			
City: _____	State: _____		
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

#### **FORMER SPOUSE**

(Information concerning former spouse will be covered later in this application - refer to page 10).

**CHILD/STEPCHILD**

First	Middle	Last
Street Address: _____		
City: _____		State: _____
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

**CHILD/STEPCHILD**

First	Middle	Last
Street Address: _____		
City: _____		State: _____
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

**BROTHER**

First	Middle	Last
Street Address: _____		
City: _____		State: _____
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

**CHILD/STEPCHILD** Initials \_\_\_\_\_

First	Middle	Maiden	Last
Street Address: _____			
City: _____		State: _____	
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

**BROTHER**

First	Middle	Last
Street Address: _____		
City: _____		State: _____
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

**BROTHER**

First	Middle	Last
Street Address: _____		
City: _____		State: _____
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

**SISTER**

First	Middle	Maiden	Last
Street Address: _____			
City: _____		State: _____	
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

**SISTER**

First	Middle	Maiden	Last
Street Address: _____			
City: _____		State: _____	
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

Initials \_\_\_\_\_

**SISTER**

First	Middle	Maiden	Last
Street Address: _____			
City: _____		State: _____	
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

Initials \_\_\_\_\_

## SPOUSE FAMILY DATA

### FATHER-IN-LAW

\_\_\_\_\_  
First Middle Last

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

### MOTHER-IN-LAW

\_\_\_\_\_  
First Middle Maiden Last

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

### FORMER SPOUSE

\_\_\_\_\_  
First Middle Maiden Last

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date Married: \_\_\_\_\_ to \_\_\_\_\_

### FORMER SPOUSE

\_\_\_\_\_  
First Middle Maiden Last

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date Married: \_\_\_\_\_ to \_\_\_\_\_



**MILITARY SERVICE DATA**

13. Have you ever served in a military organization of the United States or been an active or inactive member of the Reserve Forces of the United States? Yes  No . If yes, provide the information listed below.

Branch of Service: \_\_\_\_\_ Service Serial #: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

14. What is the type of your discharge or separation from military service? (Honorable, dishonorable, honorable conditions, medical, etc.)

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15. Where is your DD214 recorded? \_\_\_\_\_

16. Were you ever charged with any violation of the Uniform Code of Military Justice (UCMJ)? Yes  No . If yes, give details of the charges and their dispositions.

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**DONATIONS**

17. Political contributions: (List all in Iowa or any other jurisdictions for the last two (2) years).

Candidate	Position	Amount	Date
		\$	
		\$	
		\$	
		\$	

**MOTOR VEHICLE DATA**

18. Complete the following tables as to all personal vehicles currently registered to you, your spouse and those persons living with you. Include motor vehicles (automobiles, trucks, motorcycles, recreational vehicles), planes, boats, etc.

<b>Year</b>	<b>Make &amp; Model</b>	<b>License Number</b>	<b>Registered Owner</b>

**DRIVER'S LICENSE DATA**

19. List all operators/chauffeurs licenses issued by this state or any other jurisdiction which you have held during the past ten (10) year period.

<b>Date Issued</b>	<b>License Number</b>	<b>Type of License</b>	<b>Jurisdiction Issuing License</b>	<b>Expiration Date of License</b>



**SECTION 3**  
**ATTORNEYS**

21. Identify current and past attorneys utilized in the last ten (10) years.

Name of Attorney	Firm Name	Address	Phone

**SECTION 4**  
**CPA/ACCOUNTANTS**

22. Identify current and past CPAs, accountants or individuals who assisted you in preparation of financial matters in the last ten (10) years.

Name of CPA/ Accountant	Company Name	Address	Phone

## SECTION 5

### PAST EMPLOYMENT DATA

23. Excluding your present employer, provide the information listed below as to each place in which you have been employed. Begin with the most recent and work backwards. Give dates of idleness between employment in proper sequence. Include all part-time and full-time employment for the last ten (10) years.

<b>ORGANIZATION:</b>			From _____ Month                      Year
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
			To _____ Month                      Year
<b>YOUR TITLE:</b>	<b>NAME OF SUPERVISOR:</b>		
<b>DUTIES:</b>			
<b>REASON FOR LEAVING:</b>			

<b>ORGANIZATION:</b>			From _____ Month                      Year
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
			To _____ Month                      Year
<b>YOUR TITLE:</b>	<b>NAME OF SUPERVISOR:</b>		
<b>DUTIES:</b>			
<b>REASON FOR LEAVING:</b>			

Initials \_\_\_\_\_

<b>ORGANIZATION:</b>			From _____ Month                      Year
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
			To _____ Month                      Year
<b>YOUR TITLE:</b>	<b>NAME OF SUPERVISOR:</b>		
<b>DUTIES:</b>			
<b>REASON FOR LEAVING:</b>			

<b>ORGANIZATION:</b>			From _____ Month                      Year
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
			To _____ Month                      Year
<b>YOUR TITLE:</b>	<b>NAME OF SUPERVISOR:</b>		
<b>DUTIES:</b>			
<b>REASON FOR LEAVING:</b>			

<b>ORGANIZATION:</b>			From _____ Month                      Year
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
			To _____ Month                      Year
<b>YOUR TITLE:</b>	<b>NAME OF SUPERVISOR:</b>		
<b>DUTIES:</b>			
<b>REASON FOR LEAVING:</b>			

24. Were you ever the subject of any disciplinary action in connection with employment during the last ten (10) year period? Yes  No . If yes, explain in detail each such action and its disposition.

**SECTION 6**  
**CIVIL PROCEEDINGS**

25. Have you or your spouse ever been a party to a personal lawsuit? Yes  No . If yes, complete the following: (Utilize tables below).

<b>NAME OF COURT:</b>			<b>Date</b> _____ Month Day Year		
<b>ADDRESS (Street/Box Number):</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Docket Number</b>
<b>Other Parties to Suit:</b>			<b>Nature of Suit:</b>		
<b>Disposition:</b>					

<b>NAME OF COURT:</b>			<b>Date</b> _____ Month Day Year		
<b>ADDRESS (Street/Box Number):</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Docket Number</b>
<b>Other Parties to Suit:</b>			<b>Nature of Suit:</b>		
<b>Disposition:</b>					

<b>NAME OF COURT:</b>			<b>Date</b> _____ Month Day Year		
<b>ADDRESS (Street/Box Number):</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Docket Number</b>
<b>Other Parties to Suit:</b>			<b>Nature of Suit:</b>		
<b>Disposition:</b>					

Initials \_\_\_\_\_

26. Has any business entity in which you hold or have held an ownership interest or served as an officer or director ever been a party to a lawsuit? Yes  No . If yes, complete the following: (Utilize table below).

<b>NAME OF COURT:</b>			<b>Date</b> _____ Month Day Year		
<b>ADDRESS (Street/Box Number):</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
			<b>Docket Number</b>		
<b>Other Parties to Suit:</b>			<b>Nature of Suit:</b>		
<b>Disposition:</b>					

<b>NAME OF COURT:</b>			<b>Date</b> _____ Month Day Year		
<b>ADDRESS (Street/Box Number):</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
			<b>Docket Number</b>		
<b>Other Parties to Suit:</b>			<b>Nature of Suit:</b>		
<b>Disposition:</b>					

<b>NAME OF COURT:</b>			<b>Date</b> _____ Month Day Year		
<b>ADDRESS (Street/Box Number):</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
			<b>Docket Number</b>		
<b>Other Parties to Suit:</b>			<b>Nature of Suit:</b>		
<b>Disposition:</b>					

Initials \_\_\_\_\_

27. Do you or your spouse or any business entity in which you hold or have held an ownership interest or served as an officer or director anticipate being a party in a lawsuit? Yes  No . If yes, explain in detail.

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28. Have you or your spouse or any business entity in which you hold or have held an ownership interest ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, county, provincial, federal or national court, agency, committee, grand jury, or investigatory or regulatory body, other than in response to a traffic summons? Yes  No . If yes, state the name and address of the court, or other agency involved, the nature of the proceedings, whether testimony was given and if so, the date(s) on which the testimony was given.

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29. To the best of your knowledge, have you or your spouse or any business entity in which you hold or have held an ownership interest ever been the subject of an investigation conducted by a governmental investigatory agency for any reason? Yes  No . If yes, state the name and address of the investigatory agency, the nature of the investigation and the approximate time period during which the investigation was in progress.

Date	Governmental Agency	Nature of Charge	Disposition

30. Have you ever been involved in a business relationship with anyone that you regretted later? Yes  No . If yes, explain:

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**SECTION 7**

**CRIMINAL PROCEEDINGS**

31. Have you, or has any member of your immediate family (as shown in Section 1 of this application), ever been arrested, indicted, charged with or convicted of a criminal offense in this state or in any other jurisdiction? Yes  No . If yes, complete the following table:

Date	Name of Family Member	Nature of Charge or Conviction	Name & Address of Governmental Agency/Court involved	Disposition

32. Have you, or has any member of your immediate family (as shown in Section 1 of this application), ever been named as an unindicted party or co-conspirator in any criminal proceeding in this state or in any other jurisdiction? Yes  No . If yes, complete the following table:

Date	Name	Name & Address of Governmental Agency/Court involved	Nature of Proceeding

Initials \_\_\_\_\_

33. Have you, or has any member of your immediate family (as shown in Section 1 of this application), ever received a pardon for any criminal offense in this state or in any other jurisdiction? Yes  No . If yes, complete the following table:

Date of Pardon	Name	Offense for Which Pardon Received	Name & Address of Pardoning Authority	Reason for Pardon

34. Have you sustained either a personal or business entity loss where an insurance payment over \$5,000 was received? Yes  No . If yes, explain:

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35. Have you owned property or a business entity which was destroyed by fire or an explosion? Yes  No . If yes, explain:

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## SECTION 8

### GAMBLING INTERESTS AND LICENSING DATA

See "GAMBLING" as defined on page 1, prior to completing this section of the application.

36. Have you ever been investigated by, made application to, or licensed by any gaming commission?  
 Yes  No . If yes, complete the following table:

Date of Application or Investigation	Name & Address of Gaming Agency	Type of License	Disposition of Application			License Number
			Approved	Rejected	Withdrew	

37. Have you ever received or made application to a licensing agency for any permit, license, certificate or qualification for the sale or distribution of alcoholic beverages in this state or any other jurisdiction?  
 Yes  No . If yes, complete the following table:

Date of Application	Name & Address of Licensing Agency	Type of License	Disposition of Application			License Number
			Approved	Rejected	Withdrew	

Initials \_\_\_\_\_

38. Are you related, linked, acquainted, or a participant with anyone who you know or have reason to believe is involved in some type of organized criminal activity? If yes, explain:

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39. Do you have any ownership interest or financial investment in any business entity making application to or licensed by the Iowa Racing and Gaming Commission? Yes  No . If yes, state the name of the business entity, the nature and amount of your interest investment and the percentage of ownership in the business entity which your interest or investment represents.

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40. Complete the table below as to each person or business entity that has advanced, or which you anticipate will advance you money or anything else of value to assist you or your business entity in financing the investment or interest identified in the above question.

Name & Address of Person or Entity	Relationship to Applicant	Nature of Advance	Amount of Advance

41. Do you anticipate active participation in the management or operation of the entity to be licensed? Yes  No . If yes, describe the extent of the involvement you anticipate.

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42. Do you now hold or have you ever held a financial or ownership interest in any gambling venture? Yes  No . If yes, describe each such interest.

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**SECTION 9**  
**FINANCIAL DATA**

**PERSONAL**

43. **TAX DATA**

**STATE** (Complete only if you are required to file a state income tax return)

Have you filed your state income tax returns for the previous three (3) years?

Yes  No . If no, explain:

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Are you delinquent in paying any financial obligations to the State of Iowa or any other state, county or municipal government? Yes  No . If yes, explain amount, to what department and reason:

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**FEDERAL**

Have you filed your Federal income tax returns for the previous three (3) years? Yes  No .

If yes, attach copies of returns and supporting schedules covering those three (3) years to this application.

If no, have you filed for an extension? Yes  No .

If yes, attach a copy of the extension application form to this application.

If no, explain: \_\_\_\_\_

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Are you delinquent in paying any financial obligation to the federal government? If yes, explain:

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IRS OFFICE LOCATION: \_\_\_\_\_

Initials \_\_\_\_\_

44. Have your wages, earnings, or other income been garnished, attached or any similar action taken in the last ten (10) years? Yes  No . If yes, complete the following table:

Date Filed	Docket Number	Name & Address of Court	Nature & Amount of Obligation	Name & Address of Hold of Obligation

45. Have you ever been deemed legally bankrupt or filed a petition for any type of bankruptcy or insolvency, under any bankruptcy or insolvency law? Yes  No . If yes, complete the following table:

Date Filed	Docket Number	Name & Address of Court	Name & Address of Filing Party	Name & Address of Trustee

**PERSONAL FINANCIAL STATEMENT OF APPLICANT  
AS OF DATE OF THIS APPLICATION**

(Use this form)

<b>ASSETS APPLICANT &amp; SPOUSE</b>		<b>LIABILITIES APPLICANT &amp; SPOUSE</b>	
Cash in Financial Institutions (Sch. A.)		Notes and Accounts Payable (Sch. D)	
Accounts and Notes receivable			
U.S. Government Securities		Taxes Owed	
		Other Obligations (Sch. D)	
		ITEMIZED	
Bonds (See Sch. B) - CORP/MUNI.			
Stocks (See Sch. B) - LISTED			
CLOSELY HELD			
REAL ESTATE (See Sch. C)			
OTHER ASSETS		MORTGAGES PAYABLE (Sch. C)	
Vehicles			
Boats			
Aircraft			
Other itemize			
		Total Liabilities	\$
		Net Worth (Total Assets less	\$
		Total liabilities)	\$
Total Assets	\$	Total Liabilities & Net Worth	\$

**SCHEDULE E**

Source of Income	Applicant	Spouse	Estimate of Annual Expense	Applicant	Spouse
SALARY	\$	\$	Income Taxes	\$	\$
Bonus & Commissions	\$	\$	Other Taxes	\$	\$
Dividends	\$	\$	Insurance Premiums	\$	\$
Real Estate Income	\$	\$	Mortgage Payments	\$	\$
Other Income-Itemize	\$	\$	Rent on Business Property	\$	\$
			Other Expenses	\$	\$
TOTAL	\$	\$	TOTAL	\$	\$

**SCHEDULE F**

Contingent Liabilities	Applicant	Spouse	GENERAL INFORMATION
As endorser or co-maker			Did you prepare this statement?
On leases or contracts	\$	\$	If not, give name and address of preparer:
Legal claims	\$	\$	
Other contingent Liabilities - describe			

<b>SCHEDULE A</b>			
DEPOSIT ACCOUNTS (Where)	Account Number	Type of Account	Account Balance

<b>SCHEDULE B</b>					
SECURITIES - (BONDS - STOCKS - MORTGAGES)					
No. of Shares or Face Value of Bonds	Company and Type	Original Cost	Present Market Value	Public	Closely Held

<b>SCHEDULE C</b>						
REAL ESTATE						
<u>Mortgages</u>						
Location & Description (Street Address)	Cost	Current Value	Mortgage Amount	Mortgage Holder	Date Acquired	Title in Name of

Taxes paid to what date? \_\_\_\_\_

Are you a Lessee or Lessor of any property?    Yes  No .    Terms of Lease: \_\_\_\_\_

<b>SCHEDULE D</b>						
NOTES OR ACCOUNT OWED BY ME						
To Whom Given	Amount	Date	When Due	Interest Rate	Monthly Payment	Description of Assets Pledged

**(If you have more obligations than can be listed here, list them on another sheet of paper and attach it to this sheet).**

**Initials** \_\_\_\_\_

46. Beginning with the most recent and working backwards, list the names and addresses of all business entities in which you currently hold an ownership interest. List the name and address of each partner or shareholder who holds a 5% interest or more in that business entity. List percent of ownership in each business entity. (Include trade names. Do this for past ten (10) years).

(See definition of "BUSINESS ENTITY" on page 1).

<b>Business Name/Address</b>	<b>Partners-Shareholders Address/Percentage</b>

47. Identify any dormant companies which you have or have had a direct or indirect ownership interest in.

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48. Identify any failed or abandoned business projects where you were a significant investor or planner:

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Initials \_\_\_\_\_

Use this page for additional information. Be sure to identify the number of the question you are responding to.

Initials \_\_\_\_\_



**STATE OF IOWA**  
**AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION**

**(TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC)**

I, \_\_\_\_\_, do hereby authorize a review, full disclosure and release of any and all records concerning myself to any duly authorized officer, agent or employee of the Iowa Division of Criminal Investigation and/or the Iowa Lottery Authority whether the records are of a public, private or confidential nature, including criminal history, with the following understandings:

1. The information reviewed, disclosed, or released may be used by the State of Iowa to conduct a thorough background investigation regarding me or my business entity and for any other lawful purpose.
2. I release the providers and users of the information collected pursuant to this authorization from any liability under state or federal privacy laws and further release the State of Iowa, its officers, agents and employees from any liability which may be incurred as a result of the collections and use of the information.
3. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorizations or release, and that any failure to do so may be taken into consideration by the Iowa Lottery Authority and/or the Division of Criminal Investigation in their review of this application.
4. I understand that I may revoke this Authorization in writing at any time and the Iowa Lottery Authority and/or the Division of Criminal Investigation may take any such revocation of this Authorization into consideration in completing this background investigation.
5. This authorization will automatically expire one year from the date signed.
6. A photocopy of this Authorization will have the same force and effect as the original.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_  
(Typed or Printed)

\_\_\_\_\_  
Notary Public

Initials \_\_\_\_\_

**Request for Transcript of Tax Return**

OMB No. 1545-1872

▶ **Request may be rejected if the form is incomplete or illegible.**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

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4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Iowa Division of Criminal Investigation  
 ATTN: Gaming APU Phone: (515) 725-6034  
 215 East 7<sup>th</sup> Street  
 Des Moines, Iowa 50319

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

- 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. ▶ **1040**
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .
  - b **Account transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the turn was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .
  - c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .
- 7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .
- 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on Line 1a or 2a

**Sign Here**

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date