



This form is a supplement to the I.A.G.R. MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM. If you are using the Multi Jurisdictional form to apply for qualification in more than one gaming jurisdiction, and one of those jurisdictions is Iowa, you are required to file this supplemental form as part of your Iowa application. The other jurisdictions where you are filing may also have supplemental forms and it is your responsibility to obtain these forms and make the appropriate filings. Copies of the electronic forms used in Iowa are available on the Internet at [www.dps.state.ia.us/dci/classa.pdf](http://www.dps.state.ia.us/dci/classa.pdf) and [www.IAGR.org](http://www.IAGR.org).

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 in block lettering using blue ink. 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 a gaming license to be issued by the Iowa Racing and Gaming Commission (IRGC) or for those applying for Iowa Lottery contracts. Return the completed multi jurisdictional form, the completed addendum, all supporting documentation in one submission and payment to the Iowa Division of Criminal Investigation, Attention: Gaming APU, 215 East 7<sup>th</sup> Street, Des Moines, Iowa 50319.

All persons completing this application form must be fingerprinted by a law enforcement agency or a Racing and Gaming official only. Two completed fingerprint cards must accompany this application. If applying with the Iowa Racing and Gaming Commission use the fingerprint cards furnished by them, otherwise fingerprint cards will be furnished by the law enforcement agency.

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 that is attached to this application.

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.

**Applicant/Family Members**

1. Identify applicant's Social Security number and those of all immediate family members and their relationship to the applicant (Immediate family is defined as spouse, children, step-children, parents, siblings).

Name	Relationship	SS#
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

**Attorneys**

2. Identify current and past attorneys utilized in the last ten (10) years and services provided.

Name of Attorney	Firm Name	Address	Services	Phone
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____

**CPA/Accountants**

3. Identify current and past C.P.A.s, accountants or individuals who assisted you in preparation of financial matters in the last ten (10) years:

CPA/Accountant	Company Name	Address	Phone
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

**Donations**

4. Identify political contributions in Iowa or any other jurisdictions for the last six (6) years.

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

**MOTOR VEHICLE DATA**

5. In addition to the information provided in question #66 on the multi-jurisdictional form complete the following information as to all personal vehicles currently registered or leased to you, your spouse and those persons living with you. Include all vehicles such as automobiles, motorcycles, recreational vehicles, aircraft and watercraft.

Year	Make & Model	License Plate Number	Registered Owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 6. A copy of every page of your current and valid Passport/Visa.
- 7. A certified copy of your birth certificate issued by a governmental authority with an official seal.
- 8. A copy of your Certificate of Naturalization or a current identification card issued by the Bureau of Immigration and Customs Enforcement if you were not born in the United States.
- 9. A copy of your current government issued driver's license containing a photograph.

10. Provide a certified copy of your college transcripts for each college listed in question #11 on the multi jurisdictional form.
11. Provide a copy of your current employment contract or agreement, including bonus structure or stock options for your present position for which you are submitting this gaming application.
12. Provide a copy of the previous 12 month's account statements for each financial institution listed in question #60 on the multi jurisdictional form.
13. Provide a copy of the previous 12 months account statements for each security as defined in question #62 on the multi jurisdictional form.
14. Provide a copy of purchase and sale documents relating to your real estate information listed in question #63 and #71 on the multi jurisdictional form.
15. Provide copy of supporting documentation for each life insurance policy and its corresponding cash value as listed in question #64 on the multi jurisdictional form.
16. Provide a copy of the previous 12 months account statements for each pension/retirement fund listed in question #65 in the multi jurisdictional form.
17. Provide a copy of the loan documents or satisfactions therein relating to your notes payable information for the previous 24 months as listed in question #68 on the multi jurisdictional form.
18. Provide a copy of your federal and your state of residency (if applicable) tax returns for the previous three (3) years, including all schedules as listed in question #70 on the multi-jurisdictional form.
19. Provide a copy of the mortgage loan documents or satisfactions therein relating to your information for the previous 24 months as listed in question #71 on the multi jurisdictional form.

**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 Racing and Gaming Commission, and/or the Iowa Lottery, 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 Racing and Gaming Commission 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 Racing and Gaming Commission, and/or the Division of Criminal Investigation, and/or the Iowa Lottery 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

\_\_\_\_\_  
State

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# Request for Transcript of Tax Return

OMB No. 1545-1872

Department of the Treasury  
Internal Revenue Service

▶ **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 quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

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

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

**4** Previous address shown on the last return filed if different from line 3 (see instructions)

**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.

**Iowa Division of Criminal Investigation/ ATTN: Gaming APU 215 East 7th Street Des Moines, IA 50319 Phone: 515-725-6034**

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 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 return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c **Record of Account**, which provides the most detail information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 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 2010, filed in 2011, will not be available from the IRS until 2012. 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.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

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

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **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.

Phone number of taxpayer on Line 1a or 2a

**Sign Here**

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