



The City of Clayton is providing a no-interest forgivable, no-interest loan opportunity using American Rescue Plan Act (ARPA) funds to provide direct cash assistance to Clayton businesses and non-profit organizations (herein referred to as “organizations”) experiencing financial difficulty due to the COVID-19 pandemic.

The required application is to determine eligibility and gather details for distribution of Coronavirus relief funds.

**The City is offering one-time available cash assistance in the form of a forgivable, no-interest loan of \$10,000 per qualifying organization. Forgivable loans are provided on a first-come, first-served basis.** Those that qualify must have gross receipts from 2019 tax returns greater than \$5,000 and less than \$2,500,000. The organization must provide services and/or sale of goods within the incorporated Clayton city limits and must either have a Clayton Business License effective prior to March 3, 2021 or provide other documentation to indicate that it operates a business that is exempt from the City of Clayton’s Business License program.

**City of Clayton employees, members of the City Council and Planning Commission and their family members are not eligible for this opportunity. The City is separately offering a Household Grant through this program. Individuals can only apply for either the Household Grant or the Business/Non-Profit Loan, but not both. Additionally, if an applicant has multiple eligible businesses, they may only apply for one loan.**

The loan will be forgiven in full if the organization meets both of the following criteria one year after disbursement of the loan proceeds:

1. Continued services are rendered and/or goods sold within the incorporate Clayton city limits; and
2. The organization has a current business license on file with the City or otherwise is exempt from being required to obtain a City of Clayton business license.

If the organization fails to meet the forgiveness requirements, the loan is due and payable within 30 days thereof.

Once the completed application is submitted, the City will contact you within 30 days regarding eligibility. We may use your contact information for the following purposes: to contact you regarding your eligibility, to coordinate funds distribution, to discuss additional disbursements, or to follow up after funds are received to inquire about their impact.

If you have any questions or concerns, please contact the Clayton Cares team:

Email: [ClaytonCares@claytonca.gov](mailto:ClaytonCares@claytonca.gov) or

Phone: (925) 673-7300

**Eligibility:** Organization must render services and/or sell goods within the incorporated Clayton city limits and satisfy the following criteria to be eligible to receive a forgivable loan:

1. Must meet the definition of an “eligible small business/non-profit” as follows:
  - a. A “small business” (sole proprietor, independent contractor, 1099 work, and or registered “for-profit” business entity such as C-corporation, S-corporation, limited liability company, partnership) that has yearly gross revenue of greater than \$5,000 but less than \$2,500,000 based on the most recently filed tax return; or
  - b. A “small nonprofit” (registered as a 501(c) nonprofit organization) that has yearly gross revenues of greater than \$5,000 but less than \$2,500,000 based on the most recently filed Form 990; and
2. Organization must have a City of Clayton Business License effective prior to March 3, 2021. If the organization is exempt from obtaining a City of Clayton Business License, based on the provisions of the Clayton Municipal Code, the organization must use another form of substantiation as an incorporated or certified business/non-profit organization operating in accordance with the State of California.

**Eligible Use of Funds:** In accordance with Treasury regulations, the funds are expected to be used to reimburse those costs incurred due to business interruptions or business closures as a result of the COVID-19 pandemic, such as.

1. All employee expenses including payroll costs, health care benefits, paid sick, medical, or family leave, and insurance premiums;
2. Working capital and overhead, including rent, utilities, mortgage principal and interest payments (excluding mortgage prepayments), and debt obligations (including principal and interest) incurred before March 1, 2020 (i.e., in order to be an eligible debt obligation, the loan agreement, promissory note, etc., as applicable, must have pre-dated the pandemic and been entered into before March 1, 2020);
3. Costs associated with re-opening business operations after being fully or partially closed due to state- or locally-mandated COVID-19 health and safety restrictions and business closures;
4. Costs associated with complying with COVID-19 federal, state or local guidelines for reopening with required safety protocols, including but not limited to equipment, plexiglass barriers, outdoor dining, PPE supplies, testing, and employee training expenses;
5. Any other COVID-19 related expenses not already covered (for the same period) through grants, forgivable loans or other relief through federal, state, county or city programs; and/or
6. Any other COVID-19 related costs that are not human resource expenses for the State share of Medicaid, employee bonuses, severance pay, taxes, legal settlements, personal expenses or other expenses unrelated to COVID-19 impacts, repairs from damages already covered by insurance, or reimbursement to donors for donated items or services.

**Application Period: December 1, 2021 – June 30, 2022.**

**Forgivable loans are provided on a first-come, first-served basis and are accepted online through the City’s website at <http://www.claytonca.gov> or during regular business hours at Clayton City Hall (6000 Heritage Trail, Clayton, CA 94517).**

**To complete the application, you will need to attach all of the following documentation:**

**Clayton Cares**

**Forgivable Loan Opportunity Business/Non-Profit Application**

**Instructions**

1. 2019 Federal Tax Return (or 2020 Federal Tax Return if the organization started business on or after January 1, 2020)<sup>1</sup>;
2. Completed 4506-T Request for Transcript of Tax Return form for verification of reported income;
3. Copy of active Clayton Business License (if required based on city requirements) or other form of certification if the organization is exempt from the City of Clayton's Business License program such as an official business/non-profit organization such as registration with the California Secretary of State or official licensing from a government agency to operate the business (e.g., childcare, professional services); and
4. Proof services are rendered and/or goods provided are within the City of Clayton (e.g., utility bill, letterhead).

*The Clayton Cares Team is committed to and recognizes the importance of protecting your privacy and personal information. Online applications will be submitted through a secure portal. All applications will be reviewed by members of the Clayton Cares Team and all personal information provided in your application will be kept confidential.*

<sup>1</sup> If the organization commenced business between January 1 and March 3, 2021, verification of gross receipts from the date operations commenced through the date of application will be required.

**Clayton Cares Forgivable Loan Opportunity  
Business/Non-Profit Application**



The undersigned, constituting an authorized representative of the below-referenced applicant organization (the "Applicant"), acknowledges and agrees, on behalf of the Applicant, that the City of Clayton may rely on the below certifications in determining the Applicant's eligibility for this opportunity.

The undersigned further acknowledges and agrees that if (i) any of the following certifications are untrue, (ii) the Applicant knowingly makes any false or misleading statement or material omission in the information or materials required or requested from the Applicant, or (iii) the Applicant uses any funds for any unauthorized purpose, Clayton Cares may require the Applicant to repay such funds or take any other legal or equitable recourse available, including, without limitation, by seeking remedies for fraud.

By executing this document, the Applicant hereby certifies all of the following (select each box to certify below):

- ☐ 1. The undersigned signatory is a duly authorized representative and owner of the Applicant and has full authority to make the certifications referenced herein on the Applicant's behalf.
- ☐ 2. The Applicant is currently an active business/non-profit organization. The Applicant acknowledges and agrees that if the Applicant receives a loan and the Applicant's organization ceases to operate within one year from the date of the initial disbursement of funds, the Applicant may be subject to return all or any portion of loan proceeds.
- ☐ 3. The Applicant renders services and/or sells goods in the incorporated Clayton city limits and, subject to the certification made in (2), above, is presently operating as such in the incorporated Clayton city limits. Applicant acknowledges and agrees that if the Applicant receives a loan and the Applicant's organization ceases to operate within Clayton city limits one year from the date of the initial disbursement of funds, the Applicant may be subject to return all or any portion of loan proceeds.
- ☐ 4. The Applicant earned gross receipts/revenues of greater than \$5,000 and less than \$2,500,000 as substantiated by one of the following (check only one box)
  - ☐ 4a For organizations operating prior to January 1, 2020: The organization's 2019 Federal Tax Return;
  - ☐ 4a For organizations that started operations between January 1 and December 31, 2020: The organization's 2020 Federal Tax Return; or
  - ☐ 4a For organizations that started operations between January 1 and March 3, 2021: Summary of gross receipts/revenues earned from the date of commencement of operations through the date of application.
- ☐ 5. The Applicant has been adversely impacted by COVID-19 and the health and safety restrictions have resulted in business interruptions, business closures, or similar impacts incurred as a result of the COVID-19 pandemic, making the loan request made in the Applicant's application necessary to support the ongoing operations of the Applicant.
- ☐ 6. The Applicant has not and will not apply for or receive any other loan through or under this program or under the Clayton Cares Household Grant program. Further, no majority owner of the Applicant has applied for or received, nor will any majority owner of the Applicant apply for or receive, any other loan through or under this program on behalf of any other business for which such person is also a majority owner. The undersigned hereby represents and warrants, as the owner of the Applicant, that the Applicant is the undersigned's eligible business with the highest gross revenue. The Applicant agrees that if a second award is issued, then one or both awards will be voidable at the discretion of the City of Clayton.

**Clayton Cares Forgivable Loan Opportunity  
Business/Non-Profit Application**



☐ 7. The undersigned, on behalf of the Applicant, hereby authorizes the City of Clayton and its designated authorized representatives to request access to, and to review, the Applicant, the Applicant's tax return information and other information related to the Applicant and its owners that may be requested by such representatives. The Applicant further affirms that the tax return information provided in connection with this program is identical to the tax return information submitted to the Internal Revenue Service.

☐ 8. Any and all information provided by or on behalf of the Applicant, including without limitation the information contained in the Applicant's loan application submitted and any and all information provided in support of Applicant's application is and will be true and accurate in all material respects.

☐ 9. The Applicant acknowledges that the City of Clayton is relying upon the certifications made in this document in addition to any other certifications made by the Applicant in connection with its application for the loan. The Applicant further acknowledges and agrees that all certifications made by the Applicant are made in good faith.

☐ 10. The applicant is not a City of Clayton employee, Councilmember or Commissioner or family member of a City of Clayton employee, Councilmember or Commissioner or otherwise have a conflict of interest with this program.

Name	
Title	
Applicant Business Name	
Applicant Business Address	
Applicant Business Tax ID	
Applicant Business License Number OR Alternative Form in Accordance with State of California	
Phone Number	
E-mail Address	

**I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may lead to disqualification.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please attach copies of all required documentation in the instructions and submit by June 30, 2022. Please note, this opportunity is available on a first-come, first-served basis.**

## Request for Transcript of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**  
▶ **Request may be rejected if the form is incomplete or illegible.**  
▶ **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" 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
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> Customer file number (if applicable) (see instructions)	

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. 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-A, Form 1120-H, Form 1120-L, 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 10 business days . . . . . ☐

**c Record of Account**, which 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. Most requests will be processed within 10 business 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 2016, filed in 2017, will likely not be available from the IRS until 2018. 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 10 business 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.     /     /     /     /     /     /     /     /

**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, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> <b>Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.</b> See instructions.	Phone number of taxpayer on line 1a or 2a
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature</b> (see instructions)         </div> <div style="width: 40%;"> <b>Date</b> </div> </div>	
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Spouse's signature</b> </div> <div style="width: 40%;"> <b>Date</b> </div> </div>	

**Sign Here**



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

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

**What's New.** As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to [www.irs.gov](http://www.irs.gov) and search IVES.

## General Instructions

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

**Purpose of form.** Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** 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 "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

**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. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

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

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

**Line 6.** Enter only one tax form number per request.

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

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

**Corporations.** Generally, Form 4506-T 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-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

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

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

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

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**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-T 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.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T 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.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145

## Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094



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