

**To see if you qualify for this program, send the items listed below to Northwest Bank.**

1. The enclosed Loss Mitigation Application with Hardship affidavit completed and signed by all borrowers
2. . A detailed letter of explanation of Hardship.
3. A signed and dated copy of the IRS Form 4506-T (Request for Transcript of Tax Return). Borrowers who filed their tax returns jointly may send in one IRS Form 4506 signed and dated by both of joint filers.
4. A signed and dated copy of the Appraisal Acknowledgment.
5. Two most recent bank statements.
6. Loan statements of additional lienholders from financial institutions other than Northwest
7. If you do not currently escrow for your Property Taxes and Homeowners Insurance; you will need to provide copies of your current and any delinquent property tax bills, and copy of your current Homeowners Policy.
8. Documentation to verify all of the income of each borrower (including any alimony or child support that you choose to rely upon to qualify). This documentation should include:

**For each borrower who is a salaried employee:**

- ☐ A signed copy of the most recent filed federal tax return with all schedules; and
- ☐ Copy of the most recent pay stubs that reflects at least 30 days of year-to-date earnings for each borrower.

**For each borrower who is self-employed:**

- ☐ A signed copy of the most recent filed federal tax return with all schedules, and
- ☐ Signed copies of the most recent quarterly or year-to-date profit/loss statements.

**For each borrower who has income such as social security, disability or death benefits, pension, public assistance, or unemployment:**

- ☐ A signed copy of most recent federal tax return with all schedules and W-2 or copies of two most recent bank statements
- ☐ Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Social security, disability, death or pension benefits must continue for at least 3 years to be considered qualifying income under this program.

**For each borrower who is relying on alimony or child support as qualifying income:**

- ☐ Copy of divorce decree, separation agreement or other written agreement filed with the court, or decree that states the amount and period of time over which it will be received. Payments must continue for 3 years to be considered qualifying income under this program.
- ☐ Two most recent bank statements showing receipt of such payment.
- ☐ \*You are not required to disclose child support, alimony or separation maintenance income, unless you choose to have it considered by your servicer.

**For each borrower who has rental income:**

- ☐ Signed copies of most recent two years filed federal tax returns with all schedules, including Schedule E – Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent.
- ☐ Copy of current lease agreement and bank statements or cancelled rent checks demonstrating receipt of rent. Rental income for qualifying purposes will be 75% of the gross rent.

If you have other types of income, cannot locate required income documentation, or have questions about the documentation required, please contact us at 877-300-5778 or email [loss.mitigation@northwest.com](mailto:loss.mitigation@northwest.com). **You must send in all required income documentation, tax returns, completed 4506-T, Appraisal Acknowledgement form, and a signed application no later than 15 days from the date of this letter to Northwest Bank, PO Box 337, Warren, PA 16365, Attn: Loss Mitigation**

Keep a copy of all documents for your records. Do not send original income documents.

## **NORTHWEST BANK LOSS MITIGATION APPLICATION**

### Loss Mitigation Application

### COMPLETE ALL PAGES OF THIS FORM

Loan Number: {1}

Servicer: {2}

| <b><u>BORROWER {3}</u></b>                                     |               | <b><u>CO-BORROWER {4}</u></b>  |               |
|--|---------------|--|---------------|
| Borrower's Name  |               | Co-Borrower's Name   |               |
| Social Security No.  | Date of Birth | Social Security No.  | Date of Birth |
| Home phone number, with area code                              |               | Home phone number, with area code  |               |
| Cell or work number, with area code                            |               | Cell or work number with, area code                                      |               |
| I want to: {5} <input type="checkbox"/> Keep the Property      |               | <input type="checkbox"/> Sell the Property                               |               |
| The property is my: <input type="checkbox"/> Primary Residence |               | <input type="checkbox"/> Second Home <input type="checkbox"/> Investment |               |
| The property is: <input type="checkbox"/> Owner Occupied       |               | <input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant |               |

|   |  |   |             |
|---|--|---|-------------|
| Mailing address: {6}  |  |   |             |
| Property address (if same as mailing address, just write "same")  |  | Email address:  |             |
| Is the property listed for sale? {7} <input type="checkbox"/> Yes <input type="checkbox"/> No   | Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |             |
| Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes please complete the following: {8}  |   |             |
| Date of offer _____ Amount of offer \$  | Counselor's Name:  |   |             |
| Agent's Name?   | Agency Name:   |   |             |
| Agent's Phone Number:   | Counselors' Phone Number:  |   |             |
| For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Counselor's E-mail:  |   |             |
| Who pays the real estate tax bill on your property: {9}<br><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA |  | Who pays the hazard insurance premium for your property: {10}<br><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA |             |
| Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No   |             |
| Condominium or HOA fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$   |  | Name of Insurance Co.:  |             |
| Paid to:  |  | Insurance Co. Telephone #   |             |
| Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ {11}  |             |
| Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Bankruptcy case number:   |             |
| Additional Lien Holder's Name/Servicer {12}   | Balance  | Contact Number  | Loan Number |
|   |  |   |             |
|   |  |   |             |

### **HARDSHIP AFFIDAVIT {13}**

|   |  |
|---|--|
| I am requesting review under your loss mitigation program. I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):  |  |
| <input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower. | <input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.                    |
| <input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes                              | <input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. |
| <input type="checkbox"/> Other:   |  |
| <input type="checkbox"/> Explanation (continue on back of page if necessary):   |  |

**Loss Mitigation Application****COMPLETE ALL PAGES OF THIS FORM**

1. Include combined monthly income and expenses from the borrower and co borrower (if any). If you include income and expenses from a household member who is not a borrower please specify using the back of this form if necessary.
2. \*You are not required to disclose Child Support, Alimony or Separation maintenance income, unless you choose to have it considered by your servicer.

**INCOME/EXPENSE FOR HOUSEHOLD**

Number of People in Household: {14}

|  |           |   |           |  |           |
|--|-----------|---|-----------|--|-----------|
| Monthly Wages {15}   | \$        | First Mortgage Payment {26}   | \$        | Checking Account {37}  | \$        |
| Overtime {16}  | \$        | Second Mortgage Payment {27}  | \$        | Checking Account {38}  | \$        |
| *Child Support / Alimony / Separation {17}                             | \$        | Insurance {28}  | \$        | Savings/Money Market {39}  | \$        |
| Social Security/SSDI {18}  | \$        | Property Taxes {29}   | \$        | CDs {40}   | \$        |
| Other monthly income from pensions, annuities or retirement plans {19} | \$        | Credit Cards/Installment Loans (total minimum payment per month) {30} | \$        | Stocks/Bonds {41}  | \$        |
| Tips, commissions, bonus and self employed income {20}                 | \$        | Alimony, child support payments {31}                                  | \$        | Other Cash on Hand {42}  | \$        |
| Rents {21}   | \$        | Net Rental Expenses {32}  | \$        | Other Real Estate (estimated value) {43}   | \$        |
| Unemployment income {22}   | \$        | HOA/Condo Fees/Property Maintenance {33}                              | \$        | Other: {44}  | \$        |
| Food Stamps/Welfare {23}   | \$        | Car Payments {34}   | \$        | Other: {45}  | \$        |
| Other (investment income, royalties, interest, dividends, etc.) {24}   | \$        | Other: {35}   | \$        | Do not include the value of life insurance or retirement plans (401K, pension funds, annuities, IRAs, Keogh plans, etc.) when calculating assets |           |
| <b>TOTAL (GROSS INCOME) {25}</b>                                       | <b>\$</b> | <b>TOTAL DEBT/EXPENSES {36}</b>                                       | <b>\$</b> | <b>TOTAL ASSETS {46}</b>   | <b>\$</b> |

**INCOME MUST BE DOCUMENTED**

**LOSS MITIGATION APPLICATION  
ACKNOWLEDGMENT AND AGREEMENT**

*In making this request for consideration under your loss mitigation program, I certify under penalty of perjury:*

1. That all of the information in this document is truthful and the event(s) identified in the Hardship Affidavit is/are the reasons that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that Northwest Bank (Bank) may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate the law.
3. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this application, the Bank may cancel any loss mitigation agreement and may pursue foreclosure on my home.
4. For modifications only: My Property is owner-occupied; I intend to reside in this property for the next twelve months.
5. I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage.
6. I am willing to allow interior access to the property so that an updated valuation can be completed.
7. I am willing to provide all requested documents and to respond to all Bank questions in a timely manner.
8. I understand that the Bank will use the information in this application to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Bank is not obligated to offer me assistance based solely on the statements in this application.
9. I am willing to commit to housing counseling if it is determined that my financial hardship is related to excessive debt.
10. I understand that the Bank will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any loss mitigation agreement to any third party that needs this information to process this application, including but not limited to: any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate liens (if applicable) mortgage loan(s); any companies that perform support services in conjunction with my mortgage; any HUD-certified housing counselor; and government regulators.

**{47}**

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

### **Assistance**

Helpful information on counseling services, as well as answering many commonly asked questions may be found at <http://www.consumerfinance.gov/mortgagehelp/> or by calling the U.S. Department of Housing and Urban Development (HUD) at 800-569-4287.

### **Instructions for Completing Loss Mitigation Application**

The numbers for each item below correspond to the same numbers in the form above.

- {1} Your loan number on your mortgage loan statement.
- {2} Your loan “Servicer” is the financial institution that collects your monthly payment.
- {3} The borrower section must include information on the person whose name is on the “Note” for the mortgage loan.
- {4} The co-borrower is a second person on the note for the mortgage loan. Do not fill out this section for someone who is not obligated on the note for the mortgage loan.
- {5} For this section you should choose one option for each question.
- {6} Please provide a mailing address and a residential “Property” address if different. The Property address should correspond to the mortgage for which you are submitting a Loss Mitigation Application.
- {7} If your Property is not listed for sale, you do not need to fill out the rest of Section 7. Only include offers for sale that you received in the past year.
- {8} Counselors are available free of charge and can be located on the <http://www.consumerfinance.gov/mortgagehelp/>
- {9} If your real estate taxes and property insurance are part of the monthly payment that you make to your servicer select “lender does.” “HOA” means Homeowner’s Association.
- {10} If your hazard insurance premium is part of the monthly payment that you make to your servicer select “lender does.” “HOA” means Homeowner’s Association.
- {11} The filing date indicates when you officially filed for bankruptcy. Only check the “yes” box for a discharged bankruptcy if you no longer owe any obligations.
- {12} Additional liens include second (or third) mortgages and home equity lines of credit.
- {13} Please select as many hardships as apply to your situation. You can use the extra lines to explain your hardship, though extensive explanations could delay the processing of your application.
- {14} Indicate the number of people in your household who contribute to the total income.
- {15} Monthly gross wages are what you receive before taxes. Use your most current pay stub to find this amount.
- {16} This amount should be listed on a current pay stub.
- {17} If you receive child support, alimony, or separation maintenance income, you are not required by law to report it. You should only include this amount if you would like it to be included in the income calculation.
- {18} SSDI means Social Security/Disability Income.
- {19} Only include if you are retired and collecting income from retired funds.
- {20} If reported, this amount will be on your pay stub.
- {21} Only include rental income if used as part of your overall income.
- {22} You must have at least nine months of unemployment income to report on this form.
- {23} Report the amount indicated on your benefits letter. You must provide a copy of this letter as

documentation of this income.

{24} Add all other income and report sum in this box.

{25} Add all amounts in income column (boxes 15-24) and report sum.

{26} This amount can be found on your statement for your first mortgage.

{27} If applicable, this amount can be found on the statement for your second mortgage or home equity lines of credit.

{28} This refers only to homeowner's insurance and should be reported only if you pay this yourself.

{29} Only report these taxes if you pay them yourself.

{30} Add all credit cards and installment payments and report sum here.

{31} If you are responsible for paying child support or alimony, you must report the amount here.

{32} Report amount if your total rental income does not cover your total rental expenses.

{33} "HOA" means Homeowner's Association.

{34} Include car payments only if you are the owner of the vehicle.

{35} Include any other pertinent household expenses.

{36} Add all amounts in expense column (boxes 26-35) and report sum.

{37}-{39} Report amounts for all accounts, if applicable.

{40} "CDs" means certificates of deposit.

{41}-{42} Report amounts for all accounts, if applicable.

{43} Include estimated value for all other properties owned.

{44}-{45} Report any other assets other than the value of life insurance or retirement plans, including 401K, pension funds, IRAs, Keogh plans, etc.)

{46} Add all amounts in assets column (boxes 37-45) and report sum.

{47} Please be sure to read the entire Loss Mitigation Application Acknowledgement and Agreement before signing. Do not leave off a signature as this will decrease efficient document processing.

**NORTHWEST BANK  
APPRAISAL ACKNOWLEDGEMENT**

**Right to Receive a Copy of Appraisal Report:**

As part of your loss mitigation package, we will obtain a written appraisal report in order to determine the value of the subject property. The appraisal must be performed by a certified, licensed appraiser who conducts an on-site inspection of both the exterior and interior of the property. Once completed, the report will be promptly delivered to the primary borrower. You are afforded the options below to receive our appraisal report. Please initial next to the number of your choice:

\_\_\_\_ 1. I wish to receive my appraisal report via my personal email account. I authorize Northwest Bank to email the appraisal report directly to me knowing the information it contains may be considered private and confidential. I will not hold Northwest Bank responsible for any breaches of confidentiality or any virus or malware knowing that Northwest Bank scans and checks their transmissions prior to sending but I have the responsibility of maintaining my personal computer free of virus or malware and should check all emails prior to opening. In order to view and print the appraisal report, I agree that I have access to Adobe Reader.

**Please provide your email address:** \_\_\_\_\_

\_\_\_\_ 2. I wish to receive my appraisal report via first class mail.

I understand that if I do not return this signed request, a copy of the appraisal will be sent to my current mailing address.

My signature acknowledges that I have chosen to receive a copy of my appraisal report as indicated above. If I choose to alter my consent at a later time, I agree to inform the Loss Mitigation department as soon as possible.

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

## Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ **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).**

**Tip: Get faster service:** Online at [www.irs.gov](http://www.irs.gov), **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

|   |   |
|---|---|
| <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 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.

|  |   |   |  |   |   |  |   |   |  |   |   |
|--|---|---|--|---|---|--|---|---|--|---|---|
|  | / | / |  | / | / |  | / | / |  | / | / |
|--|---|---|--|---|---|--|---|---|--|---|---|

**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. See instructions.</b> | Phone number of taxpayer on line 1a or 2a |
| <b>Sign Here</b> ▶ <b>Signature</b> (see instructions)  | Date                                      |
| ▶ <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)   |   |
| ▶ <b>Spouse's signature</b>   | Date                                      |



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 "9999999999" 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:  |
|--|--|
| Alabama, Arizona, Arkansas, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, 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<br>RAIVS Team<br>Stop 6716 AUSC<br>Austin, TX 73301<br><br>855-587-9604                 |
| Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin  | Internal Revenue Service<br>RAIVS Team<br>Stop 6705 S-2<br>Kansas City, MO 64999<br><br>855-821-0094             |
| Alaska, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wyoming  | Internal Revenue Service<br>RAIVS Team<br>P.O. Box 9941<br>Mail Stop 6734<br>Ogden, UT 84409<br><br>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<br>RAIVS Team<br>P.O. Box 9941<br>Mail Stop 6734<br>Ogden, UT 84409<br><br>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<br>RAIVS Team<br>Stop 6705 S-2<br>Kansas City, MO 64999<br><br>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.