United Housing Foreclosure Prevention Checklist

NOTE: The success of the outcome of your application depends on your bank (lender), the documents and YOU!

This checklist has been designed to help you identify all of the documents you will need for our assistance in helping you to prevent

Identification Information:

- United Housing Inc. Questionnaire
- United Housing Inc. Disclosures
- Proof of Income (30 days consecutive paystubs | SSI | Pension or Award Letter(s)
- Satisfactory proof of all other income being received
- If applicable, Unemployment benefits
- If self-employed, Provide last 6 months of bank statements (All pages) plus Year to Date Profit and Loss Statement
- Driver’s License or Valid Government Photo ID
- Name and birthday of anyone that lives in the home (dependent or household member)
- Most recent Mortgage Statement (all pages)
- If applicable, any default notices from your lender or property related default, such as tax sale or redemption deadlines/etc.
- Current Property Tax Bill
- Signed and completed 4506T
- Current Homeowners Insurance Declaration Page | HOA Fees
- Current Utility Bill | Cable Bill
- Federal Income Taxes forms (all pages & schedules) Last 2 years required
- Last 2 months of bank statements (all pages required)
- Hardship Letter explaining what happened | why you need assistance (sign/date)
- Complete a monthly household budget
- If applicable, Bankruptcy discharged papers

Note: If you are currently in Bankruptcy, United Housing will not be able to assist you
Foreclosure Intervention
QUESTIONNAIRE

CUSTOMER

Applicant: ____________________________ First _________ Middle _________ Last _________

Co-Applicant: _________________________ First _________ Middle _________ Last _________

Address: ________________________________________________________________

City: __________________ State: _____ ZipCode: __________ County: __________

Telephone: Home: (___) _____-_______ Work: (___) _____-_______ Cellular: (___) _____-_______

Applicant Social Security Number: ______-_______-_______ Date of Birth: ___/___

Co-Applicant Social Security Number: ______-_______-_______ Date of Birth: ___/___

E-Mail: __________________________________________ Annual Family or Household Income: $_____

APPLICANT

☐ Single ☐ Married ☐ Separated
☐ Divorced ☐ Widow

Ethnicity:
☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race:
☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ I do not wish to furnish this information

Sex:
☐ Female ☐ Male

Current Housing Arrangement:
☐ Rent
☐ Homeowner with mortgage
☐ Living with family and not paying rent
☐ Homeowner with mortgage paid off

CO-APPLICANT

☐ Single ☐ Married ☐ Separated
☐ Divorced ☐ Widow

Ethnicity:
☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race:
☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ I do not wish to furnish this information

Sex:
☐ Female ☐ Male

☐ Homeowner with mortgage living in primary residence
☐ Homeowner with mortgage not living in primary residence
Household Type:
- Female-headed single parent household
- Male-headed single parent household
- Single Adult
- Two or more unrelated adults
- Married with children
- Married without children

Number of persons who live in the residence: ___ How many dependents? ___
What ages are they? ___ ___ ___ ___ ___ ___
Are there non-dependents who will be living in the home? Yes No
If yes, list below:

LIQUID FUNDS/SAVINGS/INVESTMENTS
Please list the approximate value of the following:

<table>
<thead>
<tr>
<th>Checking Account</th>
<th>CUSTOMER</th>
<th>CO-APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings Account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Securities (Stocks, Bonds, CDs, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement Account</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? Yes No If yes, how much? $___

ADDITIONAL INFORMATION

Have your payments been on time? Yes No
Are you currently in Chapter 13 bankruptcy? Yes No
If yes, when did it begin? ___
If yes, when will it be paid out? ___
Have you had a Chapter 7 bankruptcy? Yes No
If yes, when did it begin? ___
If yes, when was it discharged? ___

2750 Colony Park Drive Memphis, TN 38118 901-272-1122 Fax: 901-272-1181
I authorize United Housing, Inc. to:

__ Pull my/our credit report to review for housing counseling, lending procedures, or informational inquiry purposes;

__ Discuss personal information related to the homebuying process with other counselors, lenders, or real estate agents;

__ Release and/or receive credit, financial, employment, and other information to or from other agencies or firms as may be essential for improving my housing situation;

__ Obtain a copy of the Closing Disclosure, Appraisal, and Real Estate Note(s) from the lender and/or the title company when I purchase a home.

I understand that participating in the homebuyer education program and completing this questionnaire does not guarantee that I am approved automatically for a loan or grant from United Housing, Inc. Also, I understand that I do not have to use any of the loan products or services of United Housing, Inc. or work with its partners.

Any intentional misrepresentation of the information on this form can result in civil or criminal charges under the provisions of Title 18, United Status Code, Section 1001. All of the information provided on this form will be handled in a confidential manner. The law provides that a Lender/Agency may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this Lender/Agency is required to note race and gender on the basis of visual observation or surname.

The Fair Housing Act prohibits discrimination in housing because of, race, color, national origin, religion, sex, familial status, or disability. I have received the following disclosures: Fair Housing Policy, Right to a Home Inspection Flyer, Agency Privacy Policy, Agency Conflict of Interest Policy and Agency Program Disclosure.

I have read and understood all of the information and certify that I have been truthful in completing this questionnaire.

__________________________  ____________________________
Customer                                           Date

__________________________  ____________________________
Co-Applicant                                        Date
FORECLOSURE MITIGATION COUNSELING AGREEMENT

1. I understand that (United Housing, Inc.) provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I acknowledge that I have received a copy of (United Housing)'s Privacy Policy.

THE FOLLOWING ARE OPTIONAL STATEMENTS THAT CAN BE INCLUDED IF APPLICABLE:

1. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

2. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

3. I understand that (United Housing, Inc.) provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from (United Housing Inc.) in no way obligates me to choose any of these particular loan products or housing programs.

Client’s signature ........................................ Date ........................................

Client’s signature ........................................ Date ........................................

Agent’s signature ........................................ Date ........................................

2750 Colony Park Drive  Memphis, TN  38118  901-272-1122   Fax: 901-272-1181
CLIENT AND COUNSELOR AGREEMENT

This certified HUD Housing Counseling Agency agree to the following terms of service:

- Development of a priority spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communication with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services
- Release efforts and discontinue primary services to the client following agency or creditor inactivity or completion of service.

I/We, ________________________________, agree to the following terms of service:

- I/We, will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the time frame requested.
- I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
- I/We will call within 12 hours of a scheduled appointment if I/we will be unable to attend and appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We will disclose any prior agencies sought and agree to not concurrently utilize alternate services.
- I will to the best of my/our ability engage he recommended actions to resolve my housing hardship.
- I/We understand that breaking this agreement may cause the counseling organization to server its service assistance to me/us.

Homeowner: ___________________________ Date: ________________

Homeowner: ___________________________ Date: ________________

Counselor: ____________________________ Date: ________________
PRIVACY POLICY

United Housing, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you
• Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
• Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
• Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures
1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.

2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may do so by calling toll-free 1-866-466-3194 from the telephone number you want to delete.

Release of your information to third parties
1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.

2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).

3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Client’s initials __________ Date ___________________________ Agent’s initials ________

2750 Colony Park Drive Memphis, TN 38118 901-272-1122 Fax: 901-272-1181
THIRD PARTY AUTHORIZATION TO RELEASE INFORMATION

Please complete and return this form

Borrower name(s): ____________________________________________

Property Address: ____________________________________________

Loan number: ____________________________________________

I (we) authorize, ____________________________________________, to release information about my loan to the third party listed below:

Name of third party: __________________________________________

Address of third party: ________________________________________

Email address of third party: __________________________________

Phone number of third party: __________________________________

Relationship of third party: ____________________________________

Please indicate which privileges you wish to grant to the third party named above:

_____ Received information about my loan  _____ Foreclosure Intervention / Loss Mitigation

Authorized Signature:

I hereby accept responsibility for all actions taken on my loan by the party named above and agree that I can discontinue this authorization at any time in writing.

__________________________ ____________________________
Borrower Signature  Borrower Signature

Date: _______________ Date: _______________

Last 4 digits of SSN or TIN: _______________ Last 4 digits of SSN or TIN: _______________
PAST AND PRESENT EMPLOYMENT

Current Employment Applicant

Employer Name:___________________________________________

Employer Address: _______________________________________

Employer Phone: ____________________ Hire Date: ____________

Current Employment Co-Applicant

Employer Name:___________________________________________

Employer Address: _______________________________________

Employer Phone: ____________________ Hire Date: ____________

Past Employment: Applicant

Employer Name:___________________________________________

Employer Address: _______________________________________

Employer Phone: ____________________ Hire Date: ____________

Past Employment: Co-Applicant

Employer Name:___________________________________________

Employer Address: _______________________________________

Employer Phone: ____________________ Hire Date: ____________
MORTGAGE INFORMATION

Applicant Name:

________________________________________

Co-Applicant Name:

________________________________________

Address:

________________________________________

________________________________________

First Mortgage Information

Apply funds to this loan?  ☐ Yes  ☐ NO

Lender/servicer

________________________________________

Amt. of lien $ _______ Amt. of arrearage $ _______ Home Value $ _______

Reason for Default/Concern

________________________________________

________________________________________

Second Mortgage Information

Apply funds to this loan?  ☐ Yes  ☐ NO

Lender/servicer

________________________________________

Amt. of lien $ _______ Amt. of arrearage $ _______ Home Value $ _______

Reason for Default/Concern

________________________________________

________________________________________
HARDSHIP LETTER

Name: 

Address: 

Lender Name: 

Loan Number: 

To Whom it May Concern:


Sincerely and Respectfully,

Your Signature ____________________________ Date _____________

Co-applicants signature: ____________________________ Date: _____________
**Monthly Expenses Worksheet**

**Housing**
- Rent or mortgage: $ __________
- Heating (gas or oil): $ __________
- Electricity: $ __________
- Water or sewage: $ __________
- Telephones (landlines and cell phones): $ __________
- Renters or homeowners insurance (if not included in mortgage): $ __________
- Trash service: $ __________
- Home maintenance and furnishings: $ __________
- Cleaning supplies: $ __________
- Lawn service: $ __________

**Transportation**
- Gas: $ __________
- Car payment: $ __________
- Car insurance: $ __________
- Car inspection: $ __________
- Car repairs and maintenance: $ __________
- License plates and registration fees: $ __________
- Public transportation or taxi: $ __________
- Parking and tolls: $ __________

**Food**
- Groceries: $ __________
- School lunches: $ __________
- Work-related (lunches and snacks): $ __________

**Insurance**
- Health (medical and dental, if not payroll-deducted): $ __________
- Life: $ __________
- Disability: $ __________

**Medical**
- Doctor: $ __________
- Dentist: $ __________
- Prescriptions: $ __________

**Childcare**
- Childcare or babysitters: $ __________
- Child support or alimony: $ __________

**Clothing**
- Clothing: $ __________
- Laundry and dry cleaning: $ __________

**Donations**
- Religious or charity: $ __________

**Total Regular Monthly Expenses** $ __________ 0
**Form 4506-T**

**Department of the Treasury**

**Internal Revenue Service**

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### 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).

**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 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.

<table>
<thead>
<tr>
<th>1a Name shown on tax return. If a joint return, enter the name shown first.</th>
<th>1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a If a joint return, enter spouse’s name shown on tax return.</td>
<td>2b Second social security number or individual taxpayer identification number if joint tax return</td>
</tr>
<tr>
<td>3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</td>
<td></td>
</tr>
<tr>
<td>4 Previous address shown on the last return filed if different from line 3 (see instructions)</td>
<td></td>
</tr>
<tr>
<td>5 Customer file number (if applicable) (see instructions)</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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 2015, filed in 2016, 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.</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

**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.

**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.

<table>
<thead>
<tr>
<th>Signature (see instructions)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title (if line 1a above is a corporation, partnership, estate, or trust)</td>
<td></td>
</tr>
<tr>
<td>Spouse’s signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

Phone number of taxpayer on line 1a or 2a
## Chart for other transcripts

### If you lived in or your business was in:

<table>
<thead>
<tr>
<th>State/Location</th>
<th>Mail or fax to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, Wyoming, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O., or F.P.O. address</td>
<td>Internal Revenue Service RAIVS Team P.O. Box 9841 Mail Stop 6734 Ogden, UT 84409 855-298-1145</td>
</tr>
<tr>
<td>Massachusetts, New Hampshire, New York, Pennsylvania, Vermont</td>
<td>Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094</td>
</tr>
</tbody>
</table>

### Mail 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. 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.

### Mail 5b.

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.

### Mail 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.

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**Form 4506-T (Rev. 6-2019)**

**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. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

### 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 recorded transcripts. After this date mailed 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 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 and click on “Get a Tax Transcript…” under “Tools” or call 1-800-908-9846.

**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 transfers (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 below shows two different addresses, send your request to the address based on the address of your most recent return.**

### Chart for individual transcripts

**(Form 1040 series and Form W-2 and Form 1099)**

<table>
<thead>
<tr>
<th>State/Location</th>
<th>Mail or fax to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama, Kentucky, Louisiana, Mississippi, 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</td>
<td>Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604</td>
</tr>
<tr>
<td>Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming</td>
<td>Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105</td>
</tr>
<tr>
<td>Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia</td>
<td>Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094</td>
</tr>
</tbody>
</table>

### 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 signature of the corporation.

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 it is a trustee, guardian, executor, receiver, or administrator assigned by the court.

**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 on behalf of the 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 return 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 fill out this form. If you do not 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 non-tax 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 or forms such 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-6256
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.