

# JAMES B. NUTTER & COMPANY

[816] 531-2345  
[800] 875-7334

WESTPORT/PLAZA OFFICE  
4153 BROADWAY  
P.O. BOX 10346  
KANSAS CITY, MISSOURI 64171-9936

Dear Mortgagor,

Enclosed you will find the application for a United States Department of Housing and Urban Development ("HUD") Loss Mitigation Program. All of the documents must be completed, included dates and signatures where applicable. Please do not send original documents for us to review; clear copies are sufficient. You should also keep a copy of your application for your records.

In addition to completing and returning the enclosed documents, please provide the following:

1. **A minimum of three (3) most recent, consecutive pay stubs**
2. **If self-employed: Year to Date profit and loss statements compiled by a Certified Public Accountant, Accounting software or otherwise professionally prepared**
3. **Last 2 years Federal tax returns w/all schedules, W-2 forms & 1099's for each borrower**
4. **Last 3 months complete bank statements for all open accounts**
5. **Award letters to verify other income such as disability, pension, food stamps, social security benefits, alimony or child support (provide divorce decree or separation agreement)**
6. **If currently unemployed: Send Unemployment Benefits award letter or denial letter**
7. **Documented proof of hardship, such as: 1) receipts if claiming an increase in expenses or 2) copies of paystubs that support a reduction in hours worked.**

Please note: If your loan is in foreclosure and a sale date has been set, there is a possibility that time will not permit a complete review of your application, even if one is submitted. Questions regarding foreclosure can be directed to our Foreclosure Department at 1-800-943-7334 ext. 1870.

Should we have questions regarding the packet, we will promptly contact you, your attorney or third party, if you have retained someone to represent you. If you have questions, please feel free to contact our office during our regular business hours of 8:15am to 5:00pm Central time, Monday through Friday (except holidays), and ask to speak to a Loss Mitigation Specialist, Extension 1863.

We encourage you to return the completed documents to us as soon as possible via one of the following methods:

1. Email: <https://jbnutter.com/secure-email/Send.aspx>
2. Mail: James B. Nutter & Company, Attn: Loss Mitigation, 4153 Broadway, Kansas City, MO 64111
3. Fax: 816-873-1049 Attention: Loss Mitigation

The link below provides a list of HUD-approved counseling agencies in your area. HUD counselors can provide assistance with financial management, which encompasses not only your mortgage debt, but also your entire household debt. We encourage you to take advantage of this free service.

<http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or call Toll Free: (800) 569-4287

Sincerely,  
James B. Nutter & Company  
Enclosures

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**Occupancy Affidavit**

Loan Number: \_\_\_\_\_ Date: \_\_\_\_\_

Borrower(s): \_\_\_\_\_  
\_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Address of Current Residence: \_\_\_\_\_  
\_\_\_\_\_

Dates at Current Residence:

From \_\_\_\_\_ to \_\_\_\_\_

I/We acknowledge that by signing this Affidavit, I/We currently reside in the property. I/We understand that, if it is determined that I/We have made any false statements in regard to occupancy, I/We may no longer be eligible for loss mitigation assistance at this time or in the future due to false statements made in regard to a mortgage transaction, which could be considered "mortgage fraud" in certain jurisdictions.

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

\_\_\_\_\_  
Borrower Name Printed

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

\_\_\_\_\_  
Borrower Name Printed

Servicer: \_\_\_\_\_

Loan Number: \_\_\_\_\_

**HELP FOR AMERICA'S HOMEOWNERS.**



**Dodd-Frank Certification**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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**FHA LOSS MITIGATION FINANCIAL INFORMATION**

JBN Loan Number \_\_\_\_\_ Date \_\_\_\_\_

Borrower Name \_\_\_\_\_

Co-Borrower Name \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address (if different from property address)  
\_\_\_\_\_

Do you collect rent for any part of the property?  Yes  No If so, how much? \_\_\_\_\_

Have you filed bankruptcy?  Yes  No Do you receive food stamps?  Yes  No

**Assets**

Address of real estate owned in addition to your home (if any)  
\_\_\_\_\_

How much money do you have in:

Savings \$ \_\_\_\_\_ Cash & Money Orders \$ \_\_\_\_\_ Checking Account \$ \_\_\_\_\_

Savings Bonds \$ \_\_\_\_\_ Life Insurance (cash value) \$ \_\_\_\_\_

**Monthly Income & Documentation Required**

**Job:** Last 3 consecutive pay stubs for borrower and co-borrower

**Unemployment:** Unemployment benefits award letter showing amount of weekly benefit or last 3 bank statements showing unemployment direct deposit (if applicable)

**Social Security, Disability, Pension or Retirement:** Award letter showing amount of benefit or last 3 bank statements showing income source's direct deposit (if applicable)

**Self Employed or Contract Employee:** Professionally prepared Year to Date Profit and Loss statement (if applicable)

**Tax Returns:** Last 2 year's tax return

**Income Source (s) Select all that apply:**

**Job/Employment:**

Pay Cycle: Monthly \$ \_\_\_\_\_ Bi-Monthly \$ \_\_\_\_\_  
 Bi-weekly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

**Unemployment:** Pay Cycle: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

**Social Security:** Pay Cycle: Monthly \$ \_\_\_\_\_

**Disability:** Pay Cycle Monthly \$ \_\_\_\_\_

**Pension or Retirement:** Pay Cycle: Monthly \$ \_\_\_\_\_

**Self Employed:** Please provide Year to Date Profit and Loss statement

**Monthly Expenses**

Second Mortgage or Rent	
Electricity, Gas, or Heating Oil	
Water & Sewer	
Food	
Clothing	
Home Maintenance or Repairs	
Internet	
Cable or Satellite TV	
HOA Dues	
Alarm Services	
Day Care	
Auto Insurance	
Life Insurance	
Transportation (gasoline, maintenance)	
Telephone (including cell phone)	
Alimony/child support	
Education (tuition, loans, school lunches, after school programs)	
Medical co-pays	
Monthly Prescriptions	
Other (Identify expense)	
Other (Identify expense)	
Other (Identify expense)	

## **Final checklist**

- Proof of income: Last 3 consecutive pay stubs & last 2 year's tax returns. Year to Date Profit and Loss statement if Self-Employed. Copies of award/benefit letters for all applicable income sources such as disability, pension, or Social Security, Food Stamps or other food assistance programs.
- Divorce decree or child support order (if applicable)
- Signed lease or rental agreement (if applicable)
- Last 3 consecutive months of bank statements for all open accounts.
- Page 3 of this document is dated and signed by all parties (please be sure to return all 3 pages)

## **Public Reporting and Privacy Act Disclosures**

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate for any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2505-0159), Office of Technology, U.S. Department of Housing and Urban Development, Washington D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to collection information unless that collection displays a valid OMP control number.

### **DO NOT SEND THIS FORM TO THE ABOVE ADDRESS.**

Privacy Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect the information requested on this form by Public Law 479, 48 statute 1246, 12 U.S.C., 1701 et seq. and by the Housing and Community Development Act of 1987, 42 U.S. C. 3543 which authorizes the collection of the Social Security Number (SSN). HUD uses this information to help in determining the type of relief, if any, that can be provided to assist you in avoiding foreclosure of your mortgage.

This information will be used to determine whether HUD will accept assignment of your mortgage in which case HUD will accept assignment of your mortgage in which case HUD would become your lender. If HUD is already your lender, this information will help HUD determine whether additional relief is warranted. In addition, HUD uses your SSN to request a credit report on you which will help HUD verify your financial situation. The financial information will assist HUD in determining how much you can pay on your mortgage. The information you provide will be disclosed to the credit reporting agency. In addition, HUD may disclose certain information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released and failure to provide it could affect your participation in HUD programs.

**IMPORTANT:** No lender, including HUD, may discriminate against you in giving credit because of your race, sex, age, or marital status. Complaints about discrimination by lenders for these reasons should be sent to the Federal Trade Commission, Equal Credit Opportunity, Washington D.C. 20580.

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Borrower

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Co-Borrower

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Date

## Home Affordable Modification Program Hardship Affidavit

Borrower Name (first, middle, last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Co-Borrower Name (first, middle, last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Property Street Address: \_\_\_\_\_  
Property City, ST, Zip: \_\_\_\_\_  
Servicer: \_\_\_\_\_  
Loan Number: \_\_\_\_\_

In order to qualify for \_\_\_\_\_'s ("Servicer") offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower		Co-Borrower	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

## **Information for Government Monitoring Purposes**

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

<b>BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information		<b>CO-BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>To be Completed by Interviewer</b>		Interviewer's Name (print or type)	
<input type="checkbox"/> Face-to-face interview		Interviewer's Signature                      Date	
<input type="checkbox"/> Mail		Name/Address of Interviewer's Employer	
<input type="checkbox"/> Telephone			
<input type="checkbox"/> Internet			
		Interviewer's Phone Number (include area code)	

## **Borrower/Co-Borrower Acknowledgement**

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.









## BEHIND ON YOUR MORTGAGE PAYMENTS?

*Help is available.*

*FREE assistance from HUD-approved housing counseling agencies is available to you.*

**Housing Counselors** at non-profit or government agencies approved by the U.S. Department of Housing and Urban Development (HUD) are trained to help homeowners who are having problems making their mortgage payments. Counselors can help you find the best option for your situation.

### **HUD-approved Housing Counselors will:**

- Work with you in person or over the phone.
- Help you understand your housing options.
- Help communicate with your lender.
- Recommend financial tools to help you solve current problems and avoid future ones.
- Connect you with local resources that may provide you with additional assistance.

### **This Help is Free.**

HUD approved housing counseling agencies cannot charge to help you explore your options if you are having trouble paying your mortgage loan.

- Watch out for companies that charge a fee for these services. It may be a scam.
- Check [www.hud.gov/findacounselor](http://www.hud.gov/findacounselor) to confirm the counseling agency is HUD-approved.

### **HOW TO FIND A HOUSING COUNSELOR TODAY:**

- **Online.** Search for a housing counseling agency near you at: [www.hud.gov/findacounselor](http://www.hud.gov/findacounselor) or <http://www.consumerfinance.gov/find-a-housing-counselor/>
- **By Phone.** Call HUD's Housing Counseling Locator Service at **(800) 569-4287**.
  - Persons with hearing or speech impairments may access this number via TTY by calling the Federal Information Relay Service at **(800) 877-8339**.
  - Comprehensive foreclosure assistance is available around the clock at **(888) 995-HOPE (4673)**.

**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](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.

**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.

Phone number of taxpayer on line 1a or 2a

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

**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.