

Documentation Required with Homebuyer Application

The following documents are needed to complete your homebuyer application. Please read carefully.

Application

____ Please fill out application form **completely**, including signatures. Please **do not** send originals.

Income History

____ Copies of last 2 years W-2s (Applies to all wage earners over the age of 18 that will occupy the home, even if they are not listed on the application.)

____ Copies of last 2 years of **federal** tax returns. **State tax returns NOT required.** (Applies to all wage earners over the age of 18 that will occupy the home, even if they are not listed on the application.)

____ Copies of last 60 days of pay stubs for all employment. (Applies to all wage earners over the age of 18 that will be living in the home, even if they are not listed on the application.)

____ If self-employed, a year-to-date Profit and Loss statement will be required.

____ Verification of all other income, to be used in qualifying for a mortgage loan (i.e. child support/alimony*, Social Security/disability payments**, etc.)

Financial History

____ Copies of the most recent 3 months of bank statements for all checking and savings accounts. **Please make sure bank name is stamped on statements.** If you do not currently have a checking or savings account, one must be opened in order to verify your assets.

____ If applicable, copies of most recent quarterly statement for all investment accounts (IRA, 401k, etc.)

____ If you have filed for bankruptcy in the last 10 years, copies of your discharge paperwork, including all creditor itemization schedules (i.e. A, B, C, etc.)

____ If you have been divorced within the last 10 years, a copy of your complete divorce decree.

Processing Fee

____ A \$20 processing fee per person (or married couple) is required. Checks or money orders can be made out to Rock Island Economic Growth Corporation.

*If child support/alimony has been ordered, a copy of the order, along with a 2 year history of child support/alimony payments will be required, even if payments have not been consistent.

**If you are receiving Social Security or disability payments, copies of your most recent benefit letter or a printout from the issuer showing current benefits is acceptable documentation of income.

Return your *completed* application to Rock Island Economic Growth Corp. 100 19th Street, STE 109, Rock Island, IL 61201. Our office is open Mon-Fri 8:30am-5:00pm.

Borrower				BORROWER INFORMATION				Co-Borrower			
Borrower's Name (include Jr. or Sr. if applicable)				Co-Borrower's Name (include Jr. or Sr. if applicable)							
Social Security Number	Home Phone	Date of Birth (mm/dd/yyyy)	Yrs. School	Social Security Number	Home Phone	Date of Birth (mm/dd/yyyy)	Yrs. School				
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Co-Borrower) no. ages		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Borrower) no. ages					
E-Mail Address:				E-Mail Address:							
Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent ___No. Yrs. (street, city, state, ZIP)				Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent ___No. Yrs. (street, city, state, ZIP)							
Mailing Address, if different from Present Address				Mailing Address, if different from Present Address							
Landlord's full name and address.				Landlord's full name and address.							

If residing at present address for less than two years, complete the following:

Former Address <input type="checkbox"/> Own <input type="checkbox"/> Rent ___No. Yrs. (street, city, state, ZIP)				Former Address <input type="checkbox"/> Own <input type="checkbox"/> Rent ___No. Yrs. (street, city, state, ZIP)							
--	--	--	--	--	--	--	--	--	--	--	--

Borrower		EMPLOYMENT INFORMATION		Co-Borrower	
Name & Address of Employer	<input type="checkbox"/> Self Employed	Yrs. on this job	Name & Address of Employer	<input type="checkbox"/> Self Employed	Yrs. on this job
		Yrs. employed in this line of work			Yrs. employed in this line of work
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone

If employed in current position for less than two years or if currently employed in more than one position, complete the following:
 (attach separate sheet if necessary)

Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from – to)	Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from – to)
		Monthly Income			Monthly Income
		\$			\$
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone

MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION						
Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income*	\$	\$	\$	Rent	\$	\$
Overtime				First Mortgage (P&I)		
Bonuses				Other Financing (2 nd mortgage)		
Commissions				Hazard Insurance		
Dividends/ Interest				Real Estate Taxes		
Net Rental Income				Mortgage Insurance		
Other *				Homeowner Assn. Dues		
				Other:		
Total	\$	\$	\$	Total	\$	\$

* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.
 Describe Other Income **Notice:** Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.

B/C		Monthly Amount
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ASSETS AND LIABILITIES

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed about that spouse or other person also.

Completed Jointly Not Jointly

ASSETS		Cash or Market Value	Liabilities and Pledged Assets. List the creditor's name, address, and account number for all outstanding debts. Use continuation sheet, if necessary.			
Description			LIABILITIES		Monthly Payment & Months Left to Pay	Unpaid Balance
Cash deposit toward purchase held by:		\$	Name and address of Company		\$ Payment/Months	\$
<i>List checking and savings accounts below</i>						
Name and address of Bank, S&L, or Credit Union			Name and address of Company		\$ Payment/Months	\$
Acct. no.		\$	Acct. no.			
Name and address of Bank, S&L, or Credit Union			Name and address of Company		\$ Payment/Months	\$
Acct. no.		\$	Acct. no.			
Name and address of Bank, S&L, or Credit Union			Name and address of Company		\$ Payment/Months	\$
Acct. no.		\$	Acct. no.			
Stocks & Bonds (Company name/number & description)		\$	Name and address of Company		\$ Payment/Months	\$
			Acct. no.			
Life insurance net cash value		\$	Name and address of Company		\$ Payment/Months	\$
Face amount: \$			Acct. no.			
Subtotal Liquid Assets		\$				
Real estate owned (enter market value from schedule of real estate owned)		\$	Alimony/Child Support/Separate Maintenance Payments Owed to:		\$	\$
Vested interest in retirement fund		\$				
Net worth of business(es) owned (attach financial statement)		\$	Job-Related Expense (child care, union dues, etc.)		\$	
Automobiles owned (make and year)		\$				
Other Assets (itemize)		\$				
			Total Monthly Payments		\$	
Total Assets a.		\$	Net Worth (a minus b)		\$	Total Liabilities b.
						\$

Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet.)

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc.	Net Rental Income
		\$	\$	\$	\$	\$	\$
	Totals	\$	\$	\$	\$	\$	\$

List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):

Alternate Name	Creditor Name	Account Number

DECLARATIONS

If you answer "Yes" to any questions a through i, please use continuation sheet for explanation.	Borrower		Co-Borrower			Yes	No	Yes	No
	Yes	No	Yes	No		Yes	No	Yes	No
a. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Is any part of the down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you directly or indirectly been obligated on any loan of which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. Are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "Yes," give details as described in the preceding question.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l. Do you intend to occupy the property as your primary residence? If "Yes," complete question m below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					m. Have you had an ownership interest in a property in the last three years? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGMENT AND AGREEMENT

Each of the undersigned specifically represents to Rock Island Economic Growth Corporation (GROWTH) and to GROWTH's partners, agencies, funders, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the assistance requested pursuant to this application (the "Assistance") will be secured by a recapture and/or second mortgage on the property purchased; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining assistance; (5) the property will be owner occupied; (6) GROWTH, its servicers, successors or assigns may retain the original and/or an electronic record of this application, whether or not the Assistance is approved; (7) GROWTH, its partners, agencies, funders, successors and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented should change prior to closing of the Assistance; (8) ownership of the Assistance and/or administration of the Assistance account may be transferred with such notice as may be required by law; (9) neither GROWTH nor its partners, agencies, funders, successors or assigns has made any representation or warranty, express or implied, to me regarding the property or the condition or value of the property; and (10) my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature. Borrower acknowledges that an application does not guarantee funding.

Acknowledgement. Each of the undersigned hereby acknowledges that GROWTH, its partners, agencies, funders, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or data relating to the Assistance, for any legitimate business purpose through any source, including a source named in this application or a **consumer reporting agency**.

Borrower's Signature

Date

Co-Borrower's Signature

Date

Counselor's Signature

Date

Amount Paid

Date Paid

Cash Receipt #/Check #

Grant funds may be available from various sources with differing terms. The acceptance of this application by Rock Island Economic Growth Corporation (RIEGC) **does not in any way** guarantee that funding is or will be available at the time a property is purchased.

Conflict of Interest Disclosure Statement

It is your right and responsibility to decide whether to engage in any course of counseling with Rock Island Economic Growth Corporation (GROWTH) and to determine whether the counseling is suitable for you. Please understand that you are free to choose any lender, lending/financing product, or home, from any entity regardless of the recommendations made by the GROWTH representative, and still participate in our counseling program.

The individualized action plan and direction of our counseling sessions will be based on the case management plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling sessions. Additionally, you are under no obligation to obtain a mortgage or purchase a home and have the option to terminate the counseling program at any time and for any reason.

I have reviewed the above and accept and agree to the above stated conflict of interest and disclosure policy. Every client is required to sign this statement, indicating they have read and understood its contents.

I _____ (please print name(s)) certify that I have read and understood the above statement. Any questions I may have had were previously discussed with my counselor and answered to my satisfaction. I have been provided with a copy of this disclosure statement.

Client Signature

Date

Client Signature

Date

Counselor Signature

Date

Applicant Demographic Profile

The following information is required by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

Program Name: Rock Island Economic Growth Corporation Homebuyer Program

Date: _____

Name of Head of Household: _____
Last First M.I.

I do not wish to furnish this information: _____

1. Head of Household (Check all that apply):

- Single
- Married
- Elderly
- Single Parent with Children
- Two Related Parents with Children
- Two Non-related Parents with Children
- Other _____

2. Race - Applicant:

- White
- Black
- American Indian or Alaska Native
- Asian
- American Indian or Alaska Native **and** White
- Asian **and** White
- Black or African American **and** White
- American Indian or Alaska Native **and** Black or African American
- Other

Race - Co-Applicant

- White
- Black
- American Indian or Alaska Native
- Asian
- American Indian or Alaska Native **and** White
- Asian **and** White
- Black or African American **and** White
- American Indian or Alaska Native **and** Black or African American
- Other

Ethnic Category - Hispanic or Latino

Applicant - Yes No Co-Applicant - Yes No

3. Number of Household Members: _____

4. Sex of Head of Household: _____ (F or M)

5. Displaced Homemaker: Yes _____ No _____

(A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.)

6. Physically Disabled Head of Household: Yes _____ No _____

AUTHORITY FOR RELEASE OF INFORMATION

Program Administrator (Sponsor) Name: Rock Island Economic Growth Corp.

Program Administrator (Sponsor) Address: 100 19th Street, Suite 109

I hereby authorize the above Sponsor to verify my bank accounts, employment records, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make other inquiries pertaining to my qualification for purchase assistance from the HOME Investment Partnership Program administered by the Illinois Housing Development Authority ("HOME Program"). Sponsor may make copies of this letter for distribution to any party with which I have a financial or credit relationship and such party may rely on such copy as if the same were an original.

Privacy Act Notice: All information collected by Sponsor or its assignees shall be used in determining whether I qualify as a prospective mortgagor under the HOME Program. Such information will not be disclosed outside Sponsor except as required and permitted by law. I understand that I do not have to provide any such information, but that failure to do so may cause my application for approval as a prospective mortgagor or borrower to be delayed or rejected.

Applicant Signature

Date

Applicant Name (Print)

Co-applicant Signature

Date

Co-applicant Name (Print)

Form **4506-T**
 (Rev. January 2012)
 Department of the Treasury
 Internal Revenue Service

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. Rock Island Economic Growth Corporation, 100 19th Street, Suite 109, Rock Island, IL 61201 (309)788-6311	

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

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

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days

c **Record of Account**, which provides the most 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 30 calendar days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2011 12/31/2012

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

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		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	

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

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

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. You can also designate (on line 5) a third party to receive the 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.

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

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

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 "Order a Transcript" or call 1-800-908-9946.

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 the "Internal Revenue Service" at:
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	RAIVS Team Stop 6716 AUSC Austin, TX 73301
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	RAIVS Team Stop 37106 Fresno, CA 93888
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	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
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, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84400
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	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

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 address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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. If you completed line 5 requesting the information be sent to a third party, 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.

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.

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.

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 Products Coordinating Committee
SE:W:CAR:MP:T:M:S
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.