



CLARK COUNTY WASHINGTON

COMMUNITY SERVICES
HOUSING PRESERVATION

www.clark.wa.gov

1601 E Fourth Plain Blvd, Bldg 17
PO Box 5000
Vancouver, WA 98666-5000
564.397.2130

Please read the following list and return copies of all the documents applicable to you and your household. Please return this list also. **DO NOT send originals.** We cannot guarantee that they will be returned to you.

- ☐ **Repair Request Application**
- ☐ **IRS Form 1040 Long Form** (most recent year)
- ☐ **Complete and Sign the Enclosed IRS Form 4506-T** (even if you do not file taxes)
- ☐ **All Pages of all Bank Statements for the Previous Three (3) Months**
- ☐ **Assets** (Please provide the most recent financial statements for all financial assets, including: checking & savings accounts; IRA's; 401(k)'s; mutual funds; certificate of deposits; etc.)
- ☐ **Profit and Loss Statement** (if applicable)
- ☐ **Copy of Most Current Mortgage Statement**
- ☐ **Copy of Driver's License and Social Security Cards for Each Applicant**
- ☐ **Copy of Most Recent Homeowner's Insurance Policy Declaration Page**

Proof of Income (for All People in the Household over the Age of 18)

- ☐ Gross Wages, Salary, Commissions, Bonuses, and Tips from all Jobs for Previous 3-Months (**before Deductions**)
- ☐ Taxable Interest
- ☐ Taxable Refunds, Credits, or Offsets of State and Local Income Taxes
- ☐ Alimony Received (or separate maintenance payments received)
- ☐ Business Income (or loss) Statement
- ☐ Capital Gain (or loss) Statement
- ☐ Other Gains (or losses)
- ☐ Taxable Amount of Individual Retirement Account (IRA) Distributions (including Simplified Employee Pension [SEP] and Savings Incentive Match Plan for Employees [SIMPLE] IRA)
- ☐ Taxable Amount of Pension and Annuity Payments
- ☐ Rental Real Estate, Royalties, Partnerships, S Corporations, Trusts, etc.
- ☐ Farm Income (or loss) Statement
- ☐ Unemployment Compensation Benefit Award Letter (or check copies for previous 3-months)
- ☐ Social Security/Disability Benefit Award Letter (or check copies for previous 3-months)
- ☐ Other Income

(Including prizes and awards; gambling, lottery or raffle winnings; jury duty fees; Alaska Permanent funds dividends; reimbursements for amounts deducted in previous tax years; income from the rental of property if not in the business of renting such property; and income from an activity not engaged in for profit)



For other formats, contact
the Clark County ADA Office

Voice 564.397.2322
Fax 564.397.6165

Relay 711 or 800.833.6388
Email ADA@clark.wa.gov



proud past, promising future

CLARK COUNTY
WASHINGTON

**DEPARTMENT OF COMMUNITY SERVICES
HOUSING REHABILITATION PROGRAM**

Repair Request Application

I. Applicant Information	
Applicant: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> </div> Last First	Phone 1: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Phone 2: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Email: <div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Co-applicant (if applicable): <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> </div> Last First	
Alternate Contact Name and Number: <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	
II. Property Information	
Property Address: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	Zip Code: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Mailing Address (if different): <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	Type of Home: <input type="checkbox"/> Mobile Home in Park <input type="checkbox"/> Mobile Home on Private Land <input type="checkbox"/> Site Built
Year Home Built: <div style="border-bottom: 1px solid black; width: 100px;"></div>	
III. Repairs Needed/Requested	
	Equal Opportunity Provider The Fair Housing Act prohibits discrimination in housing because of race or color, national origin, religion, sex, familial status, mental or physical handicap.

IV. Household Information – Please list everyone in the household, regardless of relationship or contribution. Use an additional sheet if necessary.

	Name	Age	Occupation
1.			
2.			
3.			
4.			
5.			
6.			

V. Income Information – Include the monthly gross income (before taxes and deductions) for all people over the age of 18. Use an additional page if necessary.

Income Source	Applicant	Co-Applicant	Resident	Resident
Wages				
Bonus / Tips				
Social Security				
Pension / Retirement				
Unemployment				
VA Pension or Disability				
Self-Employment*				
IRA's				
Alimony				
Other Income				
Total				

* If self-employed, please submit the Profit / Loss Statement enclosed in this application packet.

VI. Assets – List assets other than your home, its contents, and one automobile.

Name: Bank 1	Checking Balance	Savings Balance
Name: Bank 2	Checking Balance	Savings Balance
Name: Bank 3	Checking Balance	Savings Balance
Stocks Value	Bonds Value	CD Value
Mutual Fund Value	Retirement Fund Value	Pension Fund Value
Other	Other	Other

VII. Additional Questions**Please answer each question below by checking the appropriate box.**

Do you have a reverse mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously accessed any Clark County Housing Programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Lead Assessment been done at the home? Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the home been previously weatherized? Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the mortgage payments current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home for sale or in foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If in a mobile home park, is your space rent current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any other property in any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any loans, judgements, liens or lawsuits against the property which have affected the equity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home being used for collateral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home in a Life Estate or Living Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone else, not currently living in the home, have a legal interest in the property (<i>i.e., a former spouse living elsewhere</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to encumber the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Homeowner's Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the property taxes up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HUD may require the following information for statistical purposes, and use it to determine how its programs are being utilized by minority families, and for other evaluation studies.

Female Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself or someone in your household disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please indicate the household Race and Ethnicity.

Race			Ethnicity		
White / Caucasian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Black / African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
American Indian / Alaskan Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
American Indian / Alaskan Native & White	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Asian & White	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Black / African American & White	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
American Indian / Alaskan Native & Black / African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Other Multi-Racial	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic

WARNING: Any person, who knowingly makes a false statement or a misrepresentation in this application or causes such a false statement or misrepresentation to be made, shall be subject to a fine of not more than \$5,000 or imprisonment for not more than two years, or both, under provisions of the U.S. Criminal Code.

IMPORTANT -- READ BEFORE SIGNING!

By signing this Application, the **Applicant(s) certifies, consents and agrees** that:

- The property is the Applicant's primary residence and the Applicant plans to continue to occupy the property.
- The Grant/Loan is needed to improve the safety, accessibility and livability of the Applicant's home.
- This Application shall remain the property of Clark County Department of Community Services, Housing Preservation Program (HPP), to which it is submitted for the purpose of obtaining a grant/loan.
- Clark County Department of Community Services, Housing Preservation Program (HPP) and the United States Department of Housing and Urban Development (HUD), after giving of reasonable notice, are authorized to enter the improved property for the purpose of determining that the improvements have been completed.
- The information and statements made in this application are true, accurate, and complete to the best of the Applicant's knowledge and belief.

Applicant Information Release Authorization

I have applied for a grant/loan from Clark County Department of Community Services, Housing Preservation Program (HPP). I understand that Clark County Department of Community Services, Housing Preservation Program (HPP) will collect credit and income information, as well as other personal financial data, to confirm the information in my Application, and to confirm that I am eligible for this grant/loan.

I understand that all information collected by Clark County Department of Community Services, Housing Preservation Program (HPP) will be treated in a confidential manner and that no information about me or my family will be available to any unauthorized parties.

By signing this Application below, I am giving full authorization to the staff of Clark County Department of Community Services, Housing Preservation Program (HPP) to collect the information necessary to process my Grant/Loan Application, and I am giving full authorization to those entities and people who possess such information about me to share that information with Clark County Department of Community Services, Housing Preservation Program (HPP) in conjunction with this Application.

Applicant Signature

Date

Co-Applicant Signature

Date



CLARK COUNTY
DEPARTMENT OF COMMUNITY SERVICES
Housing Rehabilitation Program

Profit and Loss Statement for Self-Employed Homeowners

Name of Company: _____

Reporting Dates: _____ / _____ / _____ through _____ / _____ / _____

Gross Margin (Gross Profit / Total Sales Revenue)	%	%
Return on Sales (Net Profit / Total Sales Revenue)	%	%

Quarterly Year-to-Date

Sales Revenue

Sales Revenue	\$	\$
Total Sales Revenue (All Income from Sales and Services)	\$	\$

Cost of Sales

Products/Sales	\$	\$
Total Cost of Sales (Amount Paid for Products and Services)	\$	\$

Gross Profit (Total Sales Revenue – Total Cost of Sales)	\$	\$
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Operating Expenses:

Sales and Marketing

Advertising	\$	\$
Total Sales & Marketing Expenses	\$	\$

Research and Development

Technology Licenses	\$	\$
Total Research & Development	\$	\$

General and Administrative

Employee Wages & Salaries	\$	\$
Supplies	\$	\$
Meals and Entertainment	\$	\$
Rent	\$	\$
Telephone	\$	\$
Utilities	\$	\$
Depreciation	\$	\$
Insurance	\$	\$
Repairs and Maintenance	\$	\$
Total General and Administrative Expenses	\$	\$

Total Operating Expenses	\$	\$
Income from Operations (Gross Profit-Operating Expenses)	\$	\$
All taxes	\$	\$

Net Profit (Income from Operations – All Taxes)	\$	\$
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Signature

Date

EXHIBIT 1.1.1 (D)

DECLARATION OF NO INCOME

I _____, do hereby declare that I have not
(Applicant Name)
received any income for the month(s) of:

1. _____ 2. _____ 3. _____

The reason that I have had no income for the months listed above is as follows:

I have been meeting my basic living needs for food, shelter and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Applicant Signature: _____

Date: _____

Agency Representative: _____

CLARK COUNTY DEPARTMENT OF COMMUNITY SERVICES
Housing Rehabilitation Program

Monthly Expenses

Household	
Mortgage / Space Rent	
Property Tax	
Property Insurance	
Lien- Amount / Payment	
Lien- Amount / Payment	
Total	\$ -

Third-Party Debt	
Credit Card	
Credit Card	
Credit Card	
Other	
Other	
Total	\$ -

Utilities	
Electric	
Telephone	
TV/Cable	
Internet	
Natural Gas	
Garbage	
Water / Sewer	
Other (specify)	
Total	\$ -

Medical	
Insurance	
Doctor Bills	
Hospital Bills	
Prescriptions	
Total	\$ -

Loans	
Vehicle	
Personal	
Other	
Total	\$ -

Other Expenses	
Vehicle Insurance	
Child Care	
Food Expenses	
Child Support	
Alimony	
Other / Misc.	
Total	\$ -

Total Expenses

\$ -

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.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov 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.

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)	
5a 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. <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Clark County Community Services; PO Box 5000; Vancouver, WA 98666-5000 </div>	
5b Customer file number (if applicable) (see instructions)	

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 tax 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. ▶
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 <input type="checkbox"/>
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. <div style="display: flex; justify-content: space-between; width: 100%;"> _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ </div>

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> 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 _____
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature (see instructions) </div> <div style="width: 40%;"> Date </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Title (if line 1a above is a corporation, partnership, estate, or trust) </div> <div style="width: 40%;"> Date </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Spouse's signature </div> <div style="width: 40%;"> Date </div> </div>	

Sign Here

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. 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. 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, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

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.

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 1-800-908-9946.

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 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)

If you filed an individual return and lived in:	Mail or fax to:
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	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
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	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
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	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 855-821-0094

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, or 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 P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

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 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.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank 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.



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 box is unchecked.

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
and Publications Division
Constitution Ave. NW, IR-6526 Washington, DC 20224

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