

Homeowner's Information Packet for Chase and EMC Customers

In order for us to evaluate your request you must complete the enclosed packet and fax or mail it to Chase with the required documentation. Please keep a copy for your records.

This packet contains the following items that must be completed, in full, in order for your evaluation request to be completed in a timely manner:

- Section 1. Required Documentation for Borrower and Co-Borrower Checklist –**
Detailed list of the documents you must send to us in addition to the packet

- Section 2. Financial Information Form –**
Provides information about your property, loans, income, etc.

- Section 3. Home Affordable Modification Program Hardship Affidavit –**
Explains the circumstances that have made it difficult for you to stay up-to-date with your mortgage payments

- Section 4. 4506-T Request for Transcript of Tax Return Form –**
Allows Chase to receive a transcript of your tax return to verify income information

If you need any assistance completing this packet please contact us at 800-723-3004.

Please send the completed packet and all required documentation to Chase:

By Regular Mail:

**Chase/EMC Fulfillment Center
P.O. Box 293150
Lewisville, TX 75029-3150**

By Overnight Mail:

**Chase/EMC Fulfillment Center
2780 Lake Vista Drive
Lewisville, TX 75067-3884**

By Fax: **917-849-2677**

Important Information

EMC Mortgage Corporation is attempting to collect a debt, and any information obtained will be used for that purpose.

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

If you are represented by an attorney, please refer this letter to your attorney and provide us with the attorney's name, address, and telephone number.

If you are currently a debtor in bankruptcy proceedings and subject to the protections of the automatic stay, or if you have received a final discharge in a bankruptcy, this notice is for compliance and/or informational purposes only and not an attempt to impose personal liability for the debt in violation of the bankruptcy laws. However, EMC Mortgage Corporation still has the right under the Mortgage to foreclose on the Property.

An important reminder for all our customers: As stated in the "Questions and Answers for Borrowers about the Homeowner Affordability and Stability Plan" distributed by the Obama Administration, "Borrowers should beware of any organization that attempts to charge a fee for housing counseling or modification of a delinquent loan, especially if they require a fee in advance." Chase offers loan modification assistance free of charge (i.e., no modification fee required). Please call us immediately at 866-550-5705 to discuss your options. The longer you delay the fewer options you may have.

Borrower(s) Name: _____

Loan Number(s): _____

Owner Occupied

Non-Owner Occupied

SECTION 1: Required Documentation for Borrower and Co-Borrower

If you are a Wage Earner (you receive a W-2 from your employer) please use the following checklist:

- Two (2) most recent Pay Stubs (two for each borrower)
Length of service with Current Employer: Borrower Year(s): _____ Month(s): _____ Co-Borrower Year(s): _____ Month(s): _____
- Most recent one (1) month's of Complete Bank Statement (must provide all pages)
- Most recent statement(s) supporting assets listed on page 2 of the Financial Information Form (must provide all pages of statements)
- Most recent Tax Return Completed (signed with all pages) or most recent filed and proof of extension (signed with all pages)
- Proof of Income for other household members living in the home (Alimony, Child Support, Pension, etc.)
if you want such income considered for a loan workout
- Proof of any other Income received (Alimony, Rental, Child Support, Pension, etc.)
- Proof of occupancy – a recent utility bill in your name at property address
- If loan is Non-Escrowed
 - A) Copy of the most recent property tax bill(s) with a copy of the canceled check for all applicable taxes (County, City, School, etc.)
 - B) Copy of the current insurance declaration page for all applicable coverage types (must show premium amount for homeowner's, flood, and wind)
 - C) Proof of payment of Homeowner's Association Fees (if applicable)
- Non-Owner Occupied (ONLY)
 - A) Rental Income with copies of Rental Agreement
 - B) Principal, Interest, Taxes, and Insurance for Primary Residence \$ _____
 - C) Mortgage Holder(s) for Primary Residence _____
 - D) Primary Residence Address (input below)
- Completed Financial Information Form (enclosed)
- Completed Hardship Affidavit (enclosed) – completed and signed by all Borrowers (no notary required)
- Completed 4506-T – Request for Transcript of Tax Return (enclosed)

If you are Self Employed, please use the following checklist:

- P & L Statement / Audited or reviewed YTD Income Statement (must provide)
- Most recent two (2) years' Tax Returns Completed (personal and business, signed with all pages) or 1099s or most recent two (2) years filed and proof of extension
- Last four (4) months' of complete Business and Personal Bank Statements (must provide all pages. If a business account is not used, provide a written statement stating a business account is not used.)
- Most recent statement(s) supporting assets listed on page 2 of the Financial Information Form (must provide all pages of statements)
- Length of time of Business Ownership: Borrower Year(s): _____ Month(s): _____ Co-Borrower Year(s): _____ Month(s): _____
- Proof of Income for other household members living in the home (Alimony, Child Support, Pension, etc.)
if you want such income considered for a loan workout
- Proof of any other Income received (Alimony, Rental, Child Support, Pension, etc.)
- Proof of occupancy – a recent utility bill in your name at property address
- If loan is Non-Escrowed
 - A) Copy of the most recent property tax bill(s) with a copy of the canceled check for all applicable taxes (County, City, School, etc.)
 - B) Copy of the current insurance declaration page for all applicable coverage types (must show premium amount for homeowner's, flood, and wind)
 - C) Proof of payment of Homeowner's Association Fees (if applicable)
- Non-Owner Occupied (ONLY)
 - A) Rental Income with copies of Rental Agreement
 - B) Principal, Interest, Taxes, and Insurance for Primary Residence \$ _____
 - C) Mortgage Holder(s) for Primary Residence _____
 - D) Primary Residence Address (input below)
- Completed Financial Information Form (enclosed)
- Completed Hardship Affidavit (enclosed) – completed and signed by all borrowers (no notary required)
- Completed 4506-T – Request for Transcript of Tax Return (enclosed)

Primary Address: _____

Comments: _____



SECTION2: Financial Information Form

Loan Number: _____

Page 1 of 3

BORROWER INFORMATION

*Chase offers options for resolving your home loan issues. Please answer the questions below as completely and accurately as possible.
This information will only be used to aid in the evaluation of homeownership preservation options, not for any other purpose.*

Borrower		Co-Borrower	
Name (Include Jr. or Sr. if applicable)		Name (Include Jr. or Sr. if applicable)	
Social Security Number _____ - _____ - _____		Social Security Number _____ - _____ - _____	
Home Phone ()	Best Time to Call:	Home Phone ()	Best Time to Call:
Work Phone ()	Best Time to Call:	Work Phone ()	Best Time to Call:
Other Phone ()	Best Time to Call:	Other Phone ()	Best Time to Call:
E-mail Address		E-mail Address	
Permission to Contact Via E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permission to Contact Via E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status		Marital Status	
<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	

PROPERTY INFORMATION

Property Address (street, city, state & zip code)		Mailing Address (If different than Property Address)	
Reside at Property?	Want to Retain Property?	# of People in Household	# of Dependents
<input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower	<input type="checkbox"/> Yes <input type="checkbox"/> No		
# of Units at Property	Property Condition?	Is the Property for sale?	Listing Amount:
	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Realtor Name	Realtor Address	Realtor Phone ()	

LOAN INFORMATION

Loan Account Number	Months Past Due	Second Loan Account Number	Second Loan Months Past Due	Balance
		Mortgage Company		\$ _____
Are you currently working with Chase on a foreclosure prevention resolution?		Which foreclosure resolution is in process?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Refinance <input type="checkbox"/> Repayment Plan <input type="checkbox"/> Short Sale <input type="checkbox"/> Modification <input type="checkbox"/> Deferment <input type="checkbox"/> Deed-in-Lieu		
Chase Associate Name		Chase Associate Phone ()	Date Process Began	

BANKRUPTCY STATUS

If you are in an active bankruptcy, we will need to work with your attorney on a possible resolution.

Are you in an Active Bankruptcy?	Bankruptcy Chapter Type	Bankruptcy Case Number	Date of Bankruptcy Filing
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Bankruptcy Associate Name	Bankruptcy Attorney Address		Bankruptcy Attorney Phone ()

EMPLOYMENT INFORMATION

Borrower			Co-Borrower		
Employer			Employer		
Employer Address			Employer Address		
Employer Phone ()	How long employed?	Self Employed?	Employer Phone ()	How long employed?	Self Employed?
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No



SECTION2: Financial Information Form

Borrower Name: _____

Loan Number: _____

MONTHLY INCOME INFORMATION

Borrower		Co-Borrower	
Income Source (Employer Name, Rental, etc.)	Monthly Gross Income	Income Source (Employer Name, Rental, etc.)	Monthly Gross Income
Employer:	\$	Employer:	\$
Employer:	\$	Employer:	\$
Employer:	\$	Employer:	\$
Employer:	\$	Employer:	\$
Rental Income:	\$	Rental Income:	\$
Other:	\$	Other:	\$
Other:	\$	Other:	\$
Total	\$	Total	\$

Borrower / Co-Borrower	Additional Income Description <i>Alimony, child support, or separate maintenance income need not be revealed if Borrower or Co-Borrower does not choose to have it considered for approval of a loan workout.</i>	Monthly Amount
		\$
		\$
		\$
Total		\$

ASSETS

Asset	Amount Owed	Value	Vehicle	Model/Year	Amount Owed	Value
Home	\$	\$	Automobile		\$	\$
Other Real Estate	\$	\$	Automobile		\$	\$
Retirement Funds	\$	\$	Automobile		\$	\$
Investments	\$	\$	Motorcycle		\$	\$
Checking Balance	\$	\$	Boat		\$	\$
Savings Balance	\$	\$	Motor Home		\$	\$
Other:	\$	\$	Airplane		\$	\$
Other:	\$	\$	Other:		\$	\$
Other:	\$	\$	Other:		\$	\$
Total	\$	\$	Total		\$	\$



Borrower Name: _____

Loan Number: _____

SECTION2: Financial Information Form

MONTHLY EXPENSES		
Monthly Expense	Borrower	Co-Borrower
Other Home Loans, Rents & Liens	\$	\$
Auto Loan(s)	\$	\$
Auto Insurance & Other Auto Expenses	\$	\$
Credit Cards & Installment Loans	\$	\$
Health Insurance	\$	\$
Medical Expenses	\$	\$
Child Care, Child Support & Alimony	\$	\$
Food	\$	\$
Miscellaneous Spending Money	\$	\$
Utilities	\$	\$
Communications (Phone, Cell Phone, Internet)	\$	\$
Other	\$	\$
TOTAL	\$	\$

I agree that the financial information provided is true and accurate as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of the information contained in this document may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon the document, 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. I understand and acknowledge that any action taken by the lender is in strict reliance on the financial information provided. My signature/acceptance below grants the holder of my mortgage or its designee the authority to confirm the information that I have disclosed in this financial statement, to verify it as accurate by ordering a credit report, and to contact my realtor and/or credit counseling service.

By providing a wireless telephone number, you consent to receiving autodialed and pre-recorded message calls from the lender or its third-party debt collector at that number.

I represent that

I am

I am not

currently occupying the property securing the loan as my primary residence and that I intend to continue occupying the property as my primary residence.

Borrower Signature _____

Date _____

Co-Borrower Signature _____

Date _____

SECTION 3: 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, State and 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 <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <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 under "Explanation" (page 3).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <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 under "Explanation" (page 3).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <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 under "Explanation" (page 3).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <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 under "Explanation" (page 3).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <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 under "Explanation" (page 3).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	There are other reasons I/we cannot make our mortgage payments. I have provided details under "Explanation" (page 3).

Borrower Name: _____

Loan Number: _____

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.**

BORROWER	CO-BORROWER
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <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	Race: <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
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by Interviewer		
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name and Phone Number <i>(print or type)</i> ()	Interviewer's Signature Date
	Name and Address of Interviewer's Employer	

Borrower/Co-Borrower Acknowledgement

- 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.
- 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.
- I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- 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.
- I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.

SECTION 4:

Form **4506-T**

Request for Transcript of Tax Return

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

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 also call 1-800-829-1040 to order a transcript. 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 or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
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. The IRS has no control over what the third party does with the tax information. By Regular Mail: Chase/EMC Fulfillment Center P.O. Box 293150 Lewisville, TX 75029-3150 By Overnight Mail: Chase/EMC Fulfillment Center 2780 Lake Vista Drive Lewisville, TX 75067-3884	

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

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. 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 is a combination of line item information and later adjustments to the account. 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. 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 2006, filed in 2007, will not be available from the IRS until 2008. 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 / 07 12 / 31 / 08 / / / /

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.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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 RAVS teams, send your request to the team based on the address of your most recent return.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 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, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, 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 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, 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) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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 60 days of the date signed by the taxpayer or it will be rejected.

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 Internal Revenue Code 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. Sections 6103 and 6109 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, and the District of Columbia 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 the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.