



## Homeowner's Information Packet *for PNC Mortgage Customers*

As your mortgage loan servicer, we want you to know there is a program available that may help you. If you qualify under the federal government's Home Affordable Modification program and comply with the terms of the Home Affordable Modification Program Trial Period Plan, we will modify your mortgage loan and you can avoid foreclosure.

The modification may involve some or all of the following changes to your mortgage loan:

- 1) Bringing your account current;
- 2) Reducing the interest rate on your loan;
- 3) Extending the term of the loan, and
- 4) Delaying your payment of a portion of the mortgage principal until the end of the loan term.

How can you find out if you qualify? Just follow the steps below and let us know that you need help, TODAY!

### **STEP 1** GATHER THE INFO WE NEED TO HELP YOU

- Explain the financial hardship that makes it difficult for you to pay your mortgage loan using the **MHA Request for Modification and Affidavit (RMA) form (enclosed) completed and signed by all borrowers.**
- Submit the required documentation of your income.
- Make timely monthly trial-period payments.

If you meet the eligibility criteria, you will be offered a Trial Period Plan. The monthly trial period payments will be based on the income documentation that you provide. They will be an estimate of what your payment will be if we are able to modify your loan under the terms of the program.

If you do not qualify for a loan modification, we will work with you to explore other options available to help you keep your home or ease your transition to a new home.

### **STEP 2** COMPLETE AND SUBMIT

Please complete the enclosed forms and submit all the required income documentation. Please take the steps outlined on the enclosed document "Complete Your Checklist." If you have any questions, please contact us at (866) 804-7257.

Sincerely,

CUSTOMER SERVICE DEPARTMENT

The *Making Home Affordable* program was created to help millions of homeowners refinance or modify their mortgages. As part of this program the owner of your loan, your servicer, and the Federal Government are working to offer you options to help you stay in your home.

Attachments: Complete Your Checklist, RMA and IRS Form 4506-T.

**IMPORTANT NOTICE**

**We want to help you avoid foreclosure scams**

**Beware of Foreclosure Rescue Scams. Help is free!**

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
  - For a HUD-approved counselor, visit: <http://www.hud.gov/offices/hsg/sfh/hcc/fc/>
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can “save” your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

**Homeowner's HOPE™ Hotline**

If you have questions about the program that your servicer cannot answer or need further counseling, call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers access to free HUD-certified counseling services in English and Spanish.



If you are aware of fraud, waste, mismanagement, or misrepresentations affiliated with the Troubled Asset Relief Program, please contact SIGTARP at 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sig tarp.gov](http://www.sig tarp.gov). Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





## **COMPLETE YOUR CHECKLIST**

payments.

This is the information we need to help you to modify your mortgage

To see if you qualify for this program, fax to (937) 910-4009 or mail the items listed below to:

**Attention: Central Receipts – HAMP Bldg 7 – B6-YM10-01-1;  
PNC Mortgage  
3232 Newmark Drive  
Miamisburg OH 45342**

**1. The enclosed MHA Request for Modification & Affidavit (RMA) form completed and signed by all borrowers, AND**

**2. Signed and dated copy of the enclosed IRS Form 4506-T (Request for Transcript of Tax Return) for each borrower (borrowers who filed their tax returns jointly may send in one IRS Form 4506-T signed and dated by both of the joint filers), AND**

**3. Documentation that will be used by us to verify the income of each borrower.** This documentation includes:

**For borrowers who are current on their mortgage payments.**

Copy of the most recently filed signed federal tax return with all schedules, including Schedule E—Supplemental Income and Loss.

**For each borrower who receives a salary or hourly wages:**

Copy of your two most recent pay stubs that show year-to-date earnings.

**For each borrower who is self-employed:**

Most recent quarterly or year-to-date profit/loss statement.

**For each borrower who receives other earned income (e.g. overtime, bonus, commission, fee, housing allowance, tips).**

Reliable third party documentation describing the nature of the income (e.g. an employment contract or printouts documenting tip income.)

**For each borrower who has income such as social security, disability or death benefits, pension, adoption assistance, or public assistance:**

Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit, **AND**

Copy of two most recent bank statements showing receipt of such payment.

**For each borrower who has unemployment income.**

Copy of benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit (may be evidenced by a print out from the Department of Labor UI Benefit tool, which is available at [http://www.ows.doleta.gov/unemploy/ben\\_entitle.asp](http://www.ows.doleta.gov/unemploy/ben_entitle.asp).) **AND**

Copy of two most recent bank statements showing receipt of such payment.

**For each borrower who is relying on alimony or child support as qualifying income\*:**

Copy of divorce or other court decree; or separation agreement or other written agreement filed with the court that states the amount and period of time over which it will be received, **AND**

Two most recent bank statements showing receipt of such payment.

**For each borrower who has rental income:**

Copy of the most recently filed signed federal tax return with all schedules, including Schedule E—Supplemental Income and Loss.

*\*You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.*

If you have other types of income, cannot locate the required documents, or have questions about the paperwork required, please contact us at (866) 804-7257.

**Keep a copy of all documents for your records. Don't send original income documentation.**

Loan I.D. Number \_\_\_\_\_

Servicer \_\_\_\_\_

| BORROWER                           |               | CO-BORROWER                        |               |
|------------------------------------|---------------|------------------------------------|---------------|
| Borrower's name                    |               | Co-borrower's name                 |               |
| Social Security number             | Date of birth | Social Security number             | Date of birth |
| Home phone number with area code   |               | Home phone number with area code   |               |
| Cell or work number with area code |               | Cell or work number with area code |               |

**I want to:**  Keep the Property  Sell the Property

**The property is my:**  Primary Residence  Second Home  Investment

**The property is:**  Owner Occupied  Renter Occupied  Vacant

Mailing address \_\_\_\_\_

Property address (if same as mailing address, just write same) \_\_\_\_\_ E-mail address \_\_\_\_\_

**Is the property listed for sale?**  Yes  No

**Have you received an offer on the property?**  Yes  No

**Date of offer** \_\_\_\_\_ **Amount of offer \$** \_\_\_\_\_

**Agent's Name:** \_\_\_\_\_

**Agent's Phone Number:** \_\_\_\_\_

**For Sale by Owner?**  Yes  No

**Have you contacted a credit-counseling agency for help?**  Yes  No

**If yes, please complete the following:**

**Counselor's Name:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Counselor's Phone Number:** \_\_\_\_\_

**Counselor's E-mail:** \_\_\_\_\_

**Who pays the real estate tax bill on your property?**  
 I do  Lender does  Paid by condo or HOA

**Are the taxes current?**  Yes  No

**Condominium or HOA Fees**  Yes  No \$ \_\_\_\_\_

**Paid to:** \_\_\_\_\_

**Who pays the hazard insurance premium for your property?**  
 I do  Lender does  Paid by Condo or HOA

**Is the policy current?**  Yes  No

**Name of Insurance Co.:** \_\_\_\_\_

**Insurance Co. Tel #:** \_\_\_\_\_

**Have you filed for bankruptcy?**  Yes  No **If yes:**  Chapter 7  Chapter 13 **Filing Date:** \_\_\_\_\_

**Has your bankruptcy been discharged?**  Yes  No **Bankruptcy case number** \_\_\_\_\_

**Additional Liens/Mortgages or Judgments on this property:**

| Lien Holder's Name/Servicer | Balance | Contact Number | Loan Number |
|-----------------------------|---------|----------------|-------------|
|                             |         |                |             |
|                             |         |                |             |

**HARDSHIP AFFIDAVIT**

I (We) am/are requesting review under the Making Home Affordable program.  
 I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower. | <input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.                    |
| <input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.                             | <input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. |

Other:

Explanation (continue on back of page 3 if necessary): \_\_\_\_\_

**INCOME/EXPENSES FOR HOUSEHOLD<sup>1</sup>**

Number of People in Household:

| Monthly Household Income  |           | Monthly Household Expenses/Debt                                      |           | Household Assets   |           |
|---|-----------|--|-----------|--|-----------|
| Monthly Gross Wages   | \$        | First Mortgage Payment   | \$        | Checking Account(s)  | \$        |
| Overtime  | \$        | Second Mortgage Payment  | \$        | Checking Account(s)  | \$        |
| Child Support / Alimony / Separation <sup>2</sup>                 | \$        | Insurance  | \$        | Savings/ Money Market  | \$        |
| Social Security/SSDI  | \$        | Property Taxes   | \$        | CDs  | \$        |
| Other monthly income from pensions, annuities or retirement plans | \$        | Credit Cards / Installment Loan(s) (total minimum payment per month) | \$        | Stocks / Bonds   | \$        |
| Tips, commissions, bonus and self-employed income                 | \$        | Alimony, child support payments                                      | \$        | Other Cash on Hand   | \$        |
| Rents Received  | \$        | Net Rental Expenses  | \$        | Other Real Estate (estimated value)  | \$        |
| Unemployment Income   | \$        | HOA/Condo Fees/Property Maintenance                                  | \$        | Other _____  | \$        |
| Food Stamps/Welfare   | \$        | Car Payments   | \$        | Other _____  | \$        |
| Other (investment income, royalties, interest, dividends etc.)    | \$        | Other _____  | \$        | Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.) |           |
| <b>Total (Gross Income)</b>                                       | <b>\$</b> | <b>Total Debt/Expenses</b>   | <b>\$</b> | <b>Total Assets</b>  | <b>\$</b> |

**INCOME MUST BE DOCUMENTED**

<sup>1</sup>Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

<sup>2</sup>You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

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

|  |  |
|--|--|
| <b>BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information   | <b>CO-BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information  |
| <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino   | <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino   |
| <b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White | <b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White |
| <b>Sex:</b> <input type="checkbox"/> Female<br><input type="checkbox"/> Male   | <b>Sex:</b> <input type="checkbox"/> Female<br><input type="checkbox"/> Male   |

**To be completed by interviewer**

|  |   |   |
|--|---|---|
| <b>This request was taken by:</b><br><input type="checkbox"/> Face-to-face interview<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Telephone<br><input type="checkbox"/> Internet | <i>Interviewer's Name (print or type) &amp; ID Number</i> | <i>Name/Address of Interviewer's Employer</i> |
|  | <i>Interviewer's Signature                      Date</i>  |   |
|  | <i>Interviewer's Phone Number (include area code)</i>     |   |



**ACKNOWLEDGEMENT AND AGREEMENT**

*In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:*

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

|                       |      |
|-----------------------|------|
| Borrower Signature    | Date |
| Co-Borrower Signature | Date |

**HOMEOWNER'S HOTLINE**

*If you have questions about this document or the modification process, please call your servicer.*

*If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.*



**NOTICE TO BORROWERS**

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that:

“Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct.”

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sig tarp.gov](http://www.sig tarp.gov). Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



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.

|   |   |
|---|---|
| <b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.  | <b>1b</b> First social security number on tax return or employer identification number (see instructions) |
| <b>2a</b> If a joint return, enter spouse's name shown on tax return  | <b>2b</b> Second social security number if joint tax return   |
| <b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code  |   |
| <b>4</b> Previous address shown on the last return filed if different from line 3   |   |
| <b>5</b> 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. |   |

**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.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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.

|                  |  |      |   |
|------------------|--|------|---|
| <b>Sign Here</b> |  | Date | Telephone number of taxpayer on line 1a or 2a<br>(    ) |
|                  | Signature (see instructions)   |      |   |
|                  | 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<br>Stop 679<br>Andover, MA 05501                     |
| Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia  | 978-247-9255  |
| Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia  | RAIVS Team<br>P.O. Box 47-421<br>Stop 91<br>Doraville, GA 30362 |
| Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address   | 770-455-2335  |
| Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address   | RAIVS Team<br>Stop 6716 AUSC<br>Austin, TX 73301                |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming | 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<br>Stop 37106<br>Fresno, CA 93888                    |
| Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia  | 559-456-5876  |
| Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia  | RAIVS Team<br>Stop 6705-B41<br>Kansas City, MO 64999            |
| Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia  | 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<br>P.O. Box 9941<br>Mail Stop 6734<br>Ogden, UT 84409     |
| 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  | 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<br>P.O. Box 145500<br>Stop 2800 F<br>Cincinnati, OH 45250 |
| 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  | 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.