Form 4506T-EZ

Department of the Treasury Internal Revenue Service

(Rev. January 2010)

Short Form Request for Individual Tax Return Transcript

▶ Request may not be processed if the form is incomplete or illegible.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

| 1a Name shown on tax return. If a joint return, enter the name shown first. | 1b First social security number on tax return |
|--|--|
| 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 co | de |
| 4 Previous address shown on the last return filed if different from line 3 | |
| 5 If the transcript is to be mailed to a third party (such as a mortgage company), en IRS has no control over what the third party does with the tax information. | |
| Third party name | Telephone number |
| Address (including apt., room, or suite no.), city, state, and ZIP code | |
| 6 Year(s) requested. Enter the year(s) of the return transcript you are requestine 10 business days. | ng (for example, "2008"). Most requests will be processed within |
| Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6. Completing these steps helps to protect your privacy. | ı line 6 before signing. Sign and date the form once you have |
| Note. If the IRS is unable to locate a return that matches the taxpayer identity information to been filed, the IRS may notify you or the third party that it was unable to locate a re | |
| Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on ein nusband or wife must sign. Note. For transcripts being sent to a third party, this form r | |
| | Telephone number of taxpayer on line 1a or 2a |
| Signature (see instructions) | Date |

Spouse's signature

Here

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Date Cat. No. 54185S

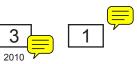
Form **4506T-EZ** (Rev. 01-2010)

City and County of San Francisco



APPLICATION•FOR•SAN•FRANCISCO•WORKING•FAMILIES•CREDIT

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Win a \$500 Walgreens Gift Card!

Save Hundreds Of Dollars on Your PG&E Bill, Muni Pass, Health Care Costs and More!

Fill out your information below to learn more and to enter our raffle

"My father and I received our PG&E bill. It showed a 20 percent savings, which was a lot of money, and my father could hardly believe it. I told him it was because SF Works signed us up for all these savings. We will get this savings each month and it will make a big difference!" *A San Francisco Health Care Worker*

SF Works will contact you directly to help you get these discounts & services.

Your information will be kept confidential.

| Name: | | Phone # | Phone #: | | | | | |
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| Best time to | call: 🗌 Dayt | ime 🗌 Evening | (5-8pm) | | | | | |
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For more information about discounts & services for your family, Call SF Works at: (415) 217-5180

SF Works is a community organization that helps working people like you access services that will save you money and make it easier to support your family.

Or visit these websites: <u>www.sfworks.org</u> <u>www.benefitssf.org</u> <u>www.211bayarea.org</u> <u>www.workingfamiliescredit.org</u> <u>www.sfkids.org</u> City and County of San Francisco



APPLICATION•FOR•SAN•FRANCISCO•WORKING•FAMILIES•CREDIT

WHAT IS THE WORKING FAMILIES CREDIT?

The Working Families Credit is a commitment by the City of San Francisco to help low-income families keep more of what they earn. Eligible families that use **direct deposit and attach a voided check to this application** can receive a Credit up to \$125 from the City in addition to their federal Earned Income Tax Credit (EITC) payment, subject to available funds. Eligible families that ask for a paper check will only receive a Credit for \$50 in addition to their federal EITC payment. This credit will not count as income for determining eligibility for most public benefit programs.

This year it really pays to have a bank account and use direct deposit!

INSTRUCTIONS

Step 1: Check if you are eligible

You are eligible if you meet **all five** of the criteria below:

- 1. You earned less than \$48,400 in 2010.
- 2. You claim and qualify for the federal Earned Income Tax Credit.
- You are claiming at least one qualifying dependent child on your federal tax filing who is either: A) under age 19;
 B) under age 24 and a full-time student; or C) permanently and totally disabled.
- 4. You live in San Francisco.
- 5. You have filed taxes by the April 15th deadline.

Step 2: Complete the application

Complete the application on pages 2 and 3. You must complete and sign both pages.

You can complete the application yourself or have a tax preparer complete it for you. For help completing the application call 1-800-358-8832 or 2-1-1, or see the list of tax preparation sites on page 6.

Step 3: For direct deposit to a checking account, you must attach a voided check to your application.

Step 4: Submit by April 15th, 2011

Send your completed application and optional survey to:

City and County of San Francisco - HSA WFC Program PO Box 7988 San Francisco, CA 94120

or deliver to HSA, 170 Otis Street, reception desk (first floor), or any free tax preparation site in San Francisco.

Applications must be postmarked or delivered by April 15th, <u>2011.</u> Do not attach your tax documents to the application. Please mail or drop off your application within 2 weeks of signing your application.

Step 5: Receive your Working Families Credit in October

If your application is successful, you will receive your Working Families Credit in October 2011, subject to availability of funds.