

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 code	

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), 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.	
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 requesting (for example, "2008"). Most requests will be processed within 10 business days.**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign Here	▶ Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	▶ Spouse's signature	Date	



APPLICATION FOR SAN FRANCISCO WORKING FAMILIES CREDIT

THIS APPLICATION MUST BE SUBMITTED OR POSTMARKED BY APRIL 15, 2011 TO BE CONSIDERED.

AM I ELIGIBLE? *Final eligibility will be determined by the City and County of San Francisco, with information provided by the Internal Revenue Service.

Complete this checklist to determine your eligibility for the credit.

- 1. I am claiming the federal Earned Income Tax Credit
2. I claimed at least one qualifying dependent child on my 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
3. I am a current San Francisco resident and I was a San Francisco resident at the time of my federal tax filing

If you answered YES to all statements, complete this form and form 4506T-EZ on page 2.

If you answered NO to any statement, STOP. You cannot apply for the credit.

LAST NAME: (PLEASE print in CAPITAL letters)

Grid for last name input

FIRST NAME: (PLEASE print in CAPITAL letters)

Grid for first name input

MI

MI input box

SOCIAL SECURITY NUMBER:

Grid for social security number input

SPOUSE'S LAST NAME: (If filing taxes jointly)

Grid for spouse's last name input

SPOUSE'S FIRST NAME:

Grid for spouse's first name input

SPOUSE'S SOCIAL SECURITY NUMBER:

Grid for spouse's social security number input

PHONE NUMBER: (Optional)

Grid for phone number input

ADDRESS:

Grid for address input

CITY:

Grid for city input

STATE:

Grid for state input

ZIP:

Grid for zip input

DATE OF BIRTH (MM / DD / YYYY):

Grid for date of birth input

E-MAIL ADDRESS:

You may receive your credit in the form of a check or by direct deposit. We encourage you to use direct deposit. To receive the maximum credit amount of \$125 you must use direct deposit. If you ask for a paper check, you will only receive \$50.

- I would like to receive a \$50 check.
I would like to receive \$125 direct deposited to my bank account.

Please mark the type of account being used:

- Checking account (You must attach a voided check from the account listed below.)
Savings account

Bank Routing Number:

Grid for bank routing number input

Account Number:

Grid for account number input

- Check here if you do not wish to receive information about other programs that help working families (e.g. Medi-Cal, Healthy Families, Food Stamps)
Check here if you do not wish to be contacted to help evaluate the success of this program.

Certification

- To the best of my knowledge the information provided on this application is true and correct. I understand that the City and County of San Francisco will verify the information using my tax transcript from the Internal Revenue Service.
I know that Working Families Credit benefits may be denied if any information on this application is found to be untrue or is left off the application.
I understand that receipt of the credit is subject to availability of funds.

Applicant's Signature

Date



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 #: _____		
Email: _____			
Best time to call: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening (5-8pm)			
Preferred Language (spoken):			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Russian	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other: _____

**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:

www.sfworks.org

www.benefitssf.org

www.211bayarea.org

www.workingfamiliescredit.org

www.sfkids.org



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.
3. 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, 2011. 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.