



SHORT SALE CLIENT CHECKLIST

| ITEMS | S NEEDED |
|--------------------|--|
| | Copy of Mortgage Coupons / Statements |
| | Any recent correspondence from lender or lender's attorney |
| | Copy of any bankruptcy, petitions, discharges, or dismissals, divorce decrees, and loan modifications |
| | 2 months bank statements (all pages) |
| | Hardship Letter |
| | Support for Hardship such as medical records, divorce decree, or a letter of termination |
| | One month of pay stubs |
| | HOA documents |
| | Last 2 years W-2's/ 1099's and tax returns (signed) |
| If a clied the IRS | ill only need the first two pages of the Federal tax returns and only Federal tax returns are necessary. ent has filed their tax returns, but cannot find them, have your client call 1-800-829-1040, which is automated tax request line and have them mail copies of their tax returns free of charge. PLETED FORMS |
| 001111 | Client Information Form |
| | Property Information Form |
| | Lender Information Form |
| | Authorization Release Form (one for each lender/lien holder) |
| | Income Form |
| | Asset Form |
| | Expense Form |
| | Hardship Letter |
| | Statement of Explanation (if you are unable to provide pay stubs, bank statements, tax returns) |
| | Payoff Request |
| | Authorization and Acknowledgement |
| | 4506T Form |



CLIENT INFORMATION

| BORROWER Name: | | Date of birth: | SSN: |
|----------------------|-------------------|--------------------------------|------------------------|
| Current address: | | | Cell: Work: |
| Other address(s): | | | Fax: Home: E-mail: |
| Marital status: | | # of dependents: | Ages of dependents: |
| Employer: | | Full or part time: | Years on current job: |
| Employer address: | | | Employer phone#: |
| Additional employer: | Employer address: | Years on job & positions held: | Employer phone#: |
| | | | |
| CO-BORROWER Name: | | Date of birth: | SSN: |
| Current address: | | | Cell: Work: Fax: |
| Other address(s): | | | Home: E-mail: |
| Marital status: | | # of dependents: | Ages of dependents: |
| Employer: | | Full or part time: | Years on current job: |
| Employer address: | | | Employer phone#: |
| Additional employer: | Employer address: | Years on job & positions held: | Employer phone#: |



PROPERTY INFORMATION

| SUBJECT PROPERTY ADDRESS: | | | Assessor/tax parcel#: | | |
|---|----------------|------------------------|---|--|--|
| Purchase price: \$ | Purchase date: | | Current value estimate: \$ | | |
| Has the property been listed for sale rece | ntly? | If so, for how long? | Is the property rental or owner occupied? | | |
| If so, are there current tenants? Name (s): | | Are the taxes current? | Do you wish to stay in the home? | | |
| Phone #(s): | | | | | |
| Are there any liens, assessments, judgments, etc. against the property other than your mortgages? If so, explain: | | | | | |
| WHEN YOU SECURED THE LOAN | FOR 1 | ΓHE SUBJECT PROPER | TY WAS IT DESIGNATED: | | |
| primary residence owner occupied | | investment | second home | | |



LENDER INFORMATION

FIRST MORTGAGE:

| Lender Name: | | | | | Lender p | hone#: |
|--|-----------|---|----------------|-----------|--------------------------------|----------------------------|
| Loan#: | | Loan type: (Circle O | | er: | | |
| Mortgage payment: | | # of months behind: | Which months | are you | be- | Total ages? |
| Including tax, insurance? | | | hind? | | | |
| Is a foreclosure date set? | , | If so when is it? | | L | Lender's attorney & phone#(s): | |
| Have you had a previous work out? | | Is so what are terms | s? | If | so when | was it? |
| Was previous work out successfully compl | eted? Ple | ease explain: | | | | |
| Total arrears on this loan? | Leg | al & late fees: | | Сору | of mortg | age statement |
| SECOND MORTGAGE: | ' | | | • | | |
| Lender Name: | Le | | _ender phone#: | | | |
| Loan#: | | Loan type: (Circle One) Conventional FHA VA Other: | | | | |
| Mortgage payment: Including tax, insurance? | | # of months behind: Which months are you be hind? | | ı be- | Total ages? | |
| Is a foreclosure date set? | | If so when is it? | | L | ender's a | I attorney & phone#(s): |
| Have you had a previous work out? Is so what are terms? | | s? | If | f so wher | n was it? | |
| Was previous work out successfully compl | eted? Ple | ease explain: | | <u> </u> | | |
| Total arrears on this loan? | - | | | of coupo | on or mortgage statement? | |
| I certify that the information I have | provid | led above is truth | ful and accur | ate. | | |
| Client signature: | | | Date: _ | | | |
| Client signature: | | | Date: | | | |



LETTER OF AUTHORIZATION

| I/We hereby give our conse | ent to "SHORT SALE REFERE | | and |
|---|--|---|---|
| information concerning my | ich "Short Sale Referee or its | al services company, persons, lender associates shall designate, to obtain ions, and all other credit matters as r cated at: | any and all |
| Address: | | | |
| | | | |
| Lender Name: | Account #: | Phone#: | |
| Lender Name: | Account#: | Phone#: | |
| or modification to our loan communications must be n This authorization is valid for complete and initial below. This authorization is This authorization is This information is for confidence. | payoff. All necessary corresponded to "Short Sale Referee, for 90 days. However, if you we say a valid until//s valid until revoked by the until dential use in compiling the opy of this authorization may be | ssociates, on our behalf, negotiate a ondence – meaning written or verball and its associates for processing of ould like to have a different expiration and are also and are also be deemed the equivalent of the original and are also as a second of the original and are also as a second of the original and are also as a second of the original and are also as a second of the original and are also as a second or a real estate second or a second or a real estate second or a | of this request. on date, please on full. red transaction. |
| Signature | S.S. # | Date | |
| Signature | S.S. # | Date | |
| For Office Use only: | | | _ |
| | Short Sale I | Referee | |
| | P.O. Box 937 Ocean | | |
| | Direct Ph: #: | | |
| | Fax: | | |

Email: _____



INCOME FORM

| BORROWER | CO-BORROWER |
|--|------------------------------------|
| Gross Wages: | Gross Wages: |
| Est. Overtime Pay: | Est. Overtime Pay: |
| Commissions / Bonuses: | Commissions / Bonuses: |
| Pension: | Pension: |
| Unemployment Income: | Unemployment Income: |
| Child Support / Alimony: | Child Support / Alimony: |
| Disability Income: | Disability Income: |
| Rental Income: | Rental Income: |
| Ssi: | Ssi: |
| Other: | Other: |
| Interest Dividends | Interest Dividends |
| -Fed Income Tax: | -Fed Income Tax: |
| -Fica | -Fica |
| -State Income Tax | -State Income Tax |
| -Other | - Other |
| I. Total Net Income: | Ii. Total Net Income: |
| | lii. Income (I + Ii): |
| | |
| I certify that the information I have provid | ed above is truthful and accurate. |
| Client signature: | Date: |
| Client signature | Date |



ASSET FORM

| ESTIMATED VALUE | AMOUNT OV | VED NET VALUE |
|-----------------|--|--|
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| BORROWER | CO-BORROWER | TOTAL |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| | | |
| | Attorney's Name | |
| | Attorney's Phone # | |
| | Active Now? (Y/N) | |
| | Home Included? | |
| | \$ BORROWER \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |



EXPENSE FORM

MONTHLY EXPENSES (ALL BORROWERS)

| Mortgage/ Land Contract | \$ CREDIT CARDS | \$ |
|-------------------------|------------------------------|----|
| | Visa | |
| Other Mortgages/ Liens | \$ Mastercard | \$ |
| Real Estate Taxes | \$ Discover | \$ |
| Alimony Or Child Care | \$ Am Ex | \$ |
| Auto Loan | \$ Other | \$ |
| Auto Loan | \$ Other | \$ |
| Boat Loan | \$ Other | \$ |
| Furniture Loan | \$ Other | \$ |
| Utilities – ELECTRIC | \$ MEDICAL Doctor/Dentist | \$ |
| Water / Sewer | \$ Pharmaceutical Drugs | \$ |
| Food | \$ Hospital | \$ |
| Ноа | \$ Other | \$ |
| Other | \$ MISC Home | \$ |
| | Phone | \$ |
| INSURANCE | \$ Cell Phone | \$ |
| Auto | | |
| Health | \$ Internet | \$ |
| Life | \$ Clothing | \$ |
| Dental | \$ Cable Tv | \$ |
| Homeowners | \$ Entertainment | \$ |
| AUTOMOBILE Gas | \$ Vacation | \$ |
| Parking | \$ Gifts | \$ |
| Maintenance | \$ Other | \$ |
| Other | \$ Vii. Total | \$ |

| Enter Total Income: | Total Of Section Iii And V: | \$ |
|------------------------------------|-----------------------------|----|
| Enter Total Expenses: | Total Section Vii: | \$ |
| Enter Real Estate Net: | Total Section Iv: | \$ |
| Subtract Total Expenses From Total | Difference: | \$ |
| Income And Enter Difference: | | |

| Client signature: | Date: |
|-------------------|-------|



HARDSHIP LETTER OUTLINE

(REMEMBER LENDERS LIKE TO SEE "SACRIFICE")

- 1) The First 3 or 4 sentences should be about how life was when the house was purchased (or when the loan was taken out).
- 2) The next few sentences should talk about what changed or turned around that makes the hardship.
- 3) Explain all expenses you have eliminated, for example, cut off cable TV, cut off cell phones, eliminated outside entertainment, no more long distance phone calls, cut back on food costs by bagging lunches instead of eating out, cut back on dry cleaning, have reduced utility expenses, no more pay-per-view cable TV, movies or anything else you have cut back on.
- 4) If you have gone or are scheduled to go on a budgeting class or a credit counseling company that specialized in helping reduce credit card debt, please be sure to mention it.
- 5) Please be sure to mention anything else you have done to help you get back on your feet.
- 6) The last 3 or 4 sentences should explain what life is like now for you and that you have decided to sell and do not want to stay in the home.
- 7) Remember anything you say in the hardship letter about what caused your delinquency needs to be verified. Get any and all documents you can to verify everything written in hardship letter about what caused your delinquency.
- 8) Thank them for their consideration and <u>BE SURE TO SIGN THE HARDSHIP LETTER</u>. Do not misrepresent, do not over exaggerate and *TELL IT HOW IT IS*.

HANDWRITING IS REQUIRED AND PREFERABLY LESS THAN A FULL PAGE.



to whom it may concern:

MY NEW WIFE AND I DECIDED tO BUY A HOME AS WE HAD TWO INCOMES AND A SMALL DOWN PSYMENT, WE WERE TOLD THAT WE GOULD AFORD A HOME IF WE WENT WITH AN AGUSTABLE PATE LOAN. WE FELT CONFIDENT THAT IN TWO YEARS THINGS WOULD BE BETTER.

THEN MY WIFE LOST HER JOB & SHE HAD OUR BABY JUST BEFORE THE PATES ADJUSTED UDWARD, AND NOW WITH JUST MY INCOME WE CAN'T MAKE THE PAYMENTS. EVEN WITH MY GEHING A SECURITY GUARD JOB IN THE EVENINGS. OUR HOUSE VALUE WE ARE TOUD HAS GONE UP SOME BUT NOT ENDUGHT TO COVER THE LOANS AGAINST THE HOUSE.

WE TRIED SAVING MONEY BY RENTING A ROOM to MY BROTHER, SELLING MY WIFES CAR, AND NOT TAKING VACATIONS OR TIME OFF, BESIDES WE GOT COUNSELING, FROM CONSUMER CREDIT COUNSELING.

WE ARE NOW SO FRUSTRATED WITH THIS WHELE SITUATION WE HAVE DECIDED TO MOVE BACK WHERE WE ARE FROM IN APKANSAS AND JUST START OVER. AT LEAST WE HOPE TO IF WE CAN SAVE OUR CREDIT BY NOT GOING THRU BANKRUPTCY OR FORE CLOSURE. THANK YOU KINDY FOR YOUR CONSIDERATION OF THIS REQUEST FOR A SHOPT SALE OF OUR HOME.



STATEMENT OF EXPLANATION

COPIES OF LAST 2 PAY STUBS

I AM UNABLE TO PROVIDE YOU WITH THE FOLLOWING INFORMATION. REASONING HAS BEEN INCLUDED IN MY/OUR HARDSHIP LETTER:

| (I am / we are) unemployed and | have no Pay stubs to provide. | | | |
|---|--|--|--|--|
| Further Explanation: | | | | |
| | | | | |
| Borrower signature: | Co Borrower signature: | | | |
| Date: | Date: | | | |
| COPIES OF LAST 2 MONTHS (I / we) no longer have a checkin | BANK STATEMENTS g account, so (I am / we are) unable to provide any bank statements | | | |
| Further Explanation: | | | | |
| Borrower signature: | Co Borrower signature: | | | |
| Date: Date: | | | | |
| Further Explanation: | CRETURN Our) taxes for the past 2 Years, and (I / we) failed to file any extensions. | | | |
| Borrower signature: | Co Borrower signature: | | | |
| | Date: | | | |
| MISC: | | | | |
| Further Explanation: | | | | |
| Borrower signature: | Co Borrower signature: | | | |
| Date: | Date: | | | |



Office: 609.234.2702

PAYOFF REQUEST

Short Sale Referee PO Box 937 Ocean City, NJ 08226

| CLIENT NAME: | |
|---|----------------------|
| PROPERTY ADDRESS: | |
| To Whom It May Concern: | |
| I/We hereby authorize E Real Estate & Loans, Inc. to receive infolioans(s), credit line loan(s), credit card account(s), and/or judgm | 0 1 7 |
| This information is confidential and to be used for processing the | ne sale of our home. |
| A photographic or carbon copy of this authorization (being a photographic or the undersigned) may be deemed equivalent of the originals | - 1 |
| YOUR PROMPT REPLY AND RELEASE WILL BE VERY MUCH AF | PPRECIATED! |
| Borrowers Signature: | Date: |
| Co-Borrowers Signature: | Date: |
| Borrower's Social Security Number: | |
| Co-Borrower's Social Security Number: | |
| 1 st Mortgage Company: | Account #: |
| 2 nd Mortgage Company: | Account #: |



AUTHORIZATION AND ACKNOWLEDGEMENT

I obtained a mortgage loan secured by the above referenced, mortgage property. I certify that all the information presented herein as well as attachments are true, accurate and correct to the best of my knowledge. I understand that submission of this information in no way obligates my mortgage servicer, owner or my mortgage insurer to provide assistance to me.

By signing this Financial Statement, I hereby authorize my mortgage servicer and/or mortgage insurer to order a credit report from any credit reporting agency and, if deemed necessary, verify current or previous employment, bank accounts, tax returns or assets.

I agree that is the financial information provided here is incorrect and such errors have inducted actions by the mortgage servicer, owner of my mortgage or mortgage insurer that would have been taken had the true facts been known, I shall be liable for any and all losses or damages to those persons.

| Borrower: | Date: | _ |
|--------------|-------|---|
| Co-Borrower: | Date: | _ |



Department of the Treasury Internal Revenue Service **Request for Transcript of Tax Return**

▶ Request may be rejected if the form is incomplete or illegible.

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 "Order a Transcript" 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 | shown on tax return. If a joint return, enter the name first. | | cial security number on tax r, or employer identification | return, individual taxpayer identificati number (see instructions) | ion | | |
| 2a | If a joir | nt return, enter spouse's name shown on tax return. | 2b Secon identif | d social security numbe ication number if joint to | r or individual taxpayer ax return | | | |
| 3 | Current | name, address (including apt., room, or suite no.), city, state, | and ZIP cod | le (see instructions) | | | | |
| 4 | Previou | s address shown on the last return filed if different from line 3 | (see instruc | tions) | | | | |
| | | anscript or tax information is to be mailed to a third party (suce phone number. | h as a mortg | age company), enter the t | hird party's name, address, | | | |
| you ha on line | e 5, the | e tax transcript is being mailed to a third party, ensure that yo d in these lines. Completing these steps helps to protect your IRS has no control over what the third party does with the information, you can specify this limitation in your written agreem | privacy. Onc ormation. If y | e the IRS discloses your II ou would like to limit the ti | RS transcript to the third party liste | ed | | |
| 6 | | script requested. Enter the tax form number here (1040, 106 per per request. ► | 5, 1120, etc. |) and check the appropria | ate box below. Enter only one tax t | form | | |
| а | chang Form | rn Transcript, which includes most of the line items of a tages made to the account after the return is processed. Tran 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, eturns processed during the prior 3 processing years. Most re | scripts are o and Form 11 | only available for the follo 20S. Return transcripts a | wing returns: Form 1040 series, are available for the current year | | | |
| b | asses | unt Transcript, which contains information on the financial sements, and adjustments made by you or the IRS after the restimated tax payments. Account transcripts are available for more | turn was filed | d. Return information is lim | nited to items such as tax liability | | | |
| С | | ord of Account, which provides the most detailed informat script. Available for current year and 3 prior tax years. Most re | | | | | | |
| 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 | | | | | | |
| | these transo For ex purpo on. If ye | W-2, Form 1099 series, Form 1098 series, or Form 5498 series information returns. State or local information is not included cript information for up to 10 years. Information for the current xample, W-2 information for 2010, filed in 2011, will not be avaisses, you should contact the Social Security Administration at 1 ou need a copy of Form W-2 or Form 1099, you should first courn, you must use Form 4506 and request a copy of your return. | d with the Fo year is gene ilable from th -800-772-12 ontact the pa | orm W-2 information. The rally not available until the e IRS until 2012. If you ned 13. Most requests will be payer. To get a copy of the I | IRS may be able to provide this year after it is filed with the IRS. ed W-2 information for retirement rocessed within 45 days | | | |
| 9 | years | or period requested. Enter the ending date of the year or or periods, you must attach another Form 4506-T. For requarter or tax period separately. | | | | | | |
| | | k this box if you have notified the IRS or the IRS has notified red identity theft on your federal tax return | | | | | | |
| Cautio | n. Do no | ot sign this form unless all applicable lines have been completed. | | | | | | |
| inform matte | ation re s partn | taxpayer(s). I declare that I am either the taxpayer whose equested. If the request applies to a joint return, either husbaler, executor, receiver, administrator, trustee, or party other that taxpayer. Note. For transcripts being sent to a third party, this | and or wife n an the taxpa | nust sign. If signed by a c yer, I certify that I have the | orporate officer, partner, guardian e authority to execute Form 4506- | , tax | | |
| | L | | I | | Phone number of taxpayer on lin 1a or 2a | ne | | |
| Sign |) | Signature (see instructions) | | Date | l | | | |
| Here | , | Title (if line 1a above is a corporation, partnership, estate, or trust) | | | | | | |
| | , i | | | | | | | |
| | | Spouse's signature | | Date | | | | |
| | | | | | 1500 E | | | |

Page 2 Form 4506-T (Rev. 1-2012)

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

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

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.

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

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 "Order a Transcript" or call 1-800-908-9946.

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 the "Internal Revenue Service" at:

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

RAIVS Team Stop 6716 AUSC Austin, TX 73301

512-460-2272

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

RAIVS Team Stop 37106 Fresno, CA 93888

559-456-5876

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

RAIVS Team Stop 6705 P-6 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, 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, 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, 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

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) 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

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 6. Enter only one tax form number per

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 120 days of the date signed by the taxpaver or it will be rejected. Ensure that all applicable lines are completed before signing.

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

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 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

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,

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 Tax Products Coordinating Committee SE:W:CAR:MP:T:M:S 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.