

Dear Homeowner,

Thank you for contacting **Operation Threshold**, an Iowa Mortgage Help partnership organization. As one of several counselors who are working on behalf of thousands of people just like you, I applaud your willingness to seek help in finding the best possible solution to your current financial situation.

The Iowa Mortgage Help (IMH) is a group of organizations that have come together to help communities plagued by foreclosures. The Iowa Mortgage Help Coalition is like having **your very own team of specialists** to assist your family during this difficult financial time. **The Iowa Mortgage Help (IMH) Coalition** consist of housing counseling agencies like ours (Operation Threshold) who have certified housing counselors on staff, the Iowa Attorney General's Office, Iowa Legal Aid; and Iowa Mediation Services. All services through the Iowa Mortgage Help Coalition are **FREE** and **CONFIDENTIAL**.

The role of the housing counseling agency (**Operation Threshold**) is to gather and verify all needed documentation to successfully negotiate a workable solution with your lender. As your counselor, we will work with you to complete a realistic budget and feasible plan of action to help you determine the best course of action considering your individual circumstances. **Next**, your file will be sent to Iowa Mediation Service where experienced negotiators will contact your mortgage company on your behalf and advocate a practical solution to your mortgage situation.

Listed below are items that I will need you to complete, sign, and return to me before your appointment. We can schedule this to take place over the phone or in my office. We need the following forms signed and return to our office **IMMEDIATELY**: Consent to Release Financial Information, Counseling Agreement, Counselor/Client Agreement, & Privacy Statement. Lastly, listed below are documents that I will need you to begin compiling and making copies to fax/email/mail to our office.

- Complete and sign the Budget Form
- Complete and signed Hardship Letter.
- Consecutive pay stubs and/or other documents to show your income (**must show last 30 days of income**).
- Your previous year tax returns (**Must Be Signed**) – the first 2 pages only unless you are self-employed or have other types of income.
- Your last two month's bank statements
- Most recent monthly mortgage statement from your lender that contains your loan number
- Any foreclosure notices or communication from your lender
- Request for Transcript-- Form 4506-T
- Most Recent Utility Bill (**Ex: Mid-American Energy, Alliant Energy, CFU**)



**Iowa Mortgage Help – Operation Threshold (OT)**  
*Mortgage Loan Negotiation Packet Checklist*

To: \_\_\_\_\_

Date: \_\_\_\_\_

From: \_\_\_\_\_ Ph: 319-232-6418 Fax: 319-232-6484

IMH Client #: \_\_\_\_\_ (Agency Use Only)

**Subject:** Mortgage Loan Negotiation Packet Checklist

- \_\_\_\_\_ Consent to Release Information that includes:
  - Property address and phone number
  - Name of servicing company and loan number for each mortgage
  - Signatures of everyone signed on the loan, their Social Security numbers and date release signed.
  
- \_\_\_\_\_ Hardship letter signed and dated
  
- \_\_\_\_\_ Most recent Mortgage Statement from the mortgage company
  
- \_\_\_\_\_ Copies of foreclosure notices or legal documents from the lender/servicer.
  
- \_\_\_\_\_ Verification of Income (only provide copies – not originals)
  - 2 most recent months pay stubs from all adult wage earners. Circle the net pay and use it to calculate income for the budget.
  - Document and verify other sources of income including pension and retirement; Social Security and Disability; Child Support; VA payment, military retirement or Reserve pay; other income listed on budget. If you can't get documentation then circle and label the direct deposit of the income on the homeowner's bank statement.
  
- \_\_\_\_\_ The most **recent** 2 months of bank statement (copies only) or you can call to have bank/credit union fax to Operation Threshold at 319-232-6484.
  
- \_\_\_\_\_ Complete Budget that is signed and dated
  - Double check that income on the budget corresponds to pay stubs and other verification of income provided (provide a written explanation if the calculation isn't obvious).
  - Monthly expenses should not include items already deducted out of the pay check.
  - Food stamps and other irregular income should be included in the budget.
  
- \_\_\_\_\_ A copy of your most recent **Utility Bill** (ex: Mid-American Energy, Alliant Energy)
  
- \_\_\_\_\_ A copy of the most recent tax return (1040 Form – 1<sup>st</sup> & 2<sup>nd</sup> pages only).
  - **PLEASE SIGN the tax return, mortgage company requirement!**
  - Also sign and return form '4506-T Request for Tax Transcript'
  
- \_\_\_\_\_ Counseling Agreement, Privacy Policy, Client-Counselor Contract
  
- \_\_\_\_\_ Include the alternative phone numbers, best time to call and email address if applicable.  
Email address: \_\_\_\_\_ Alternative number: \_\_\_\_\_

I **have** the following amount of money saved to contribute to a mortgage work-out solution \$ \_\_\_\_\_

**OR**

I **will** have the following amount of money saved to contribute \$ \_\_\_\_\_ by Date \_\_\_\_/\_\_\_\_/\_\_\_\_.

Sign \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_



**Iowa Mortgage Help**  
**Counseling Agreement**

1. I understand that Operation Threshold as a sub-grantee of the Iowa Mortgage Help network, provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that Operation Threshold receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to
  - a. Submit client level information to the IMH data collection system for the purposes of this grant; and
  - b. Open a file pertaining to counseling services received that may be reviewed for program monitoring and grant compliance purposes, and
  - c. Conduct follow-up related to counseling services received for the purpose of program evaluation. I acknowledge that I may opt out of (c.) following the procedure set forth below in item 4.
4. I acknowledge that I have received a copy of Operation Threshold’s Privacy Policy. I understand that I am agreeing that my non public personal information may be disclosed pursuant to that privacy policy, unless I opt out by checking the box below.
5. I understand that I may be referred to other housing services of the organization or another agency or agencies as appropriate, such as Iowa Mediation Services (IMS) or Iowa Legal Aid (ILA), which may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I understand that Operation Threshold provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Operation Threshold in no way obligates me to choose any of these particular loan products or housing programs.

Client’s signature \_\_\_\_\_ Date \_\_\_\_\_

Client’s signature \_\_\_\_\_ Date \_\_\_\_\_

Client hereby “opts-out” of disclosure of non public personal information pursuant to Operation Threshold’s privacy policy.



**Iowa Mortgage Help – Counseling Agency**  
**Privacy Policy**

Operation Threshold is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs, and similar reasons.

**Types of information that we gather about you**

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

**You may opt-out of certain disclosures**

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out,” we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out,” you may submit a written request to Operation Threshold to do so.

**Release of your information to third parties**

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_



## Counselor and Client Contract

Operation Threshold and its counselor(s) agree to provide professional foreclosure prevention counseling services to \_\_\_\_\_.  
Counselors are not able to prevent foreclosure in every situation but are committed to working with you so you can make the best decision possible.

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

I/We, \_\_\_\_\_ agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will be on time for appointments and understand that if we are late for an appointment (15 minutes or more), the appointment will still end at the scheduled time and/or be rescheduled.
- I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that if I arrive at an appointment under the influence of any illegal substance the appointment will be ended immediately and counseling services may be terminated.
- I/We understand that I may not threaten (verbally or physically), harass, curse or disrespect my/our counselor; or counseling will be terminated immediately and legal actions maybe pursued.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.
- 

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date



**CONSENT TO RELEASE FINANCIAL INFORMATION**

Borrowers' name(s): \_\_\_\_\_  
Address of mortgaged property: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
\_\_\_\_\_

Re: Iowa Mortgage Help/Iowa Mediation Service/Iowa Attorney General's Office  
Mortgage Modification Program/Operation Threshold

**TO WHOM IT MAY CONCERN:**

This document authorizes the below-mentioned lender(s) and/or servicing agent(s) to provide **any** and **all** information regarding financial records to Iowa Mediation Service and/or Operation Threshold Representative (s)\_\_\_\_\_.

Lender/servicing agent: \_\_\_\_\_  
Loan number(s): \_\_\_\_\_

Lender/servicing agent: \_\_\_\_\_  
Loan number(s): \_\_\_\_\_

Creditor (s): \_\_\_\_\_  
Account # (s): \_\_\_\_\_

Creditor (s): \_\_\_\_\_  
Account # (s): \_\_\_\_\_

**Each borrower listed on the account(s)/loan(s) must sign.**

\_\_\_\_\_  
Signature and Social Security number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature and Social Security number

\_\_\_\_\_  
Print Name

Date signed: \_\_\_\_\_



**Authorization to Release Information**  
"Making Home Affordable" Loan Modification Program

Borrower: \_\_\_\_\_  
Last Four Digits of Borrower Social Security Number: \_\_\_\_ \_

Co-Borrower: \_\_\_\_\_  
Last Four Digits of Borrower Social Security Number: \_\_\_\_ \_

Property Address: \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Servicer: \_\_\_\_\_ Conventional ( ) FHA ( ) VA ( )

Nonprofit Agency \_\_\_\_\_ Housing Counselor \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Borrower Date

\_\_\_\_\_  
Co-Borrower Date

\_\_\_\_\_  
Housing Counselor Date

I/we authorize that nonprofit agency named above (herein after "Nonprofit Agency") and its representatives to speak with my/our lender and with whomever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan.

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with Nonprofit Agency, including notification of loan modification status or future default or delinquency.

Nonprofit Agency agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I/we further authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to access my/our credit report file(s) for debt/expense verification in conjunction with my/our foreclosure counseling or qualification for loan refinance or modification.

This authorization will not be valid unless signed below by all borrowers and co-borrowers named above and will only remain valid until revoked in writing by any borrower or co-borrower named above.



## 'Alternatives to Foreclosure'

*Any adjustment to a loan's original terms and conditions is known as a "workout solution."*

*Here are the seven most-common types of mortgage- loan workouts, in order from most to least common:*

1. **Repayment plan.** The borrower is allowed to make up past-due payments over time by adding them on to future loan payments.
2. **Forbearance.** The lender forgives past-due payments to bring the borrower current, thus extending the loan's payoff schedule by the number of months in which payments were missed (definition varies from lender to lender).
3. **Loan modification.** The lender reduces a borrower's monthly payment by adjusting the terms of the loan, such as by lowering the interest rate. Modifications can be permanent or temporary. Sometimes the modification involves reducing the loan's principal balance, although there are some exceptions. A typical modification involves reducing the interest rate and/ or adding the past due balance (principal and interest only) to the end of loan. Attorney fees, late fees, and court fees cannot be add to the loan.
4. **Short sale.** The lender agrees to let the borrower sell the home for less than the remaining loan balance.
5. **Short refinance.** A special refinance in which the lender agrees to refinance the loan at a lower rate and reduce the principal. The federal housing bill approved in July 2008 proposes short refinancing to a fixed-rate FHA loan at no more than 90 percent of the original loan's value (FHA Secure Program).
6. **Loan assumption.** A new borrower assumes the original borrower's mortgage debt in exchange for the property.
7. **Deed in lieu of foreclosure.** With a deed in lieu of foreclosure, you give your home to the lender (the "deed") in exchange for the lender canceling the loan. The lender promises not to initiate foreclosure proceedings, and to terminate any existing foreclosure proceedings. Be sure that the lender agrees, in writing, to forgive any deficiency (the amount of the loan that isn't covered by the sale proceeds) that remains after the house is sold.

I have read 'Alternatives to Foreclosure' and was educated about the different 'Alternatives to Foreclosure' by the counselor providing FREE counseling services from Operation Threshold.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





IOWA  
MORTGAGE  
HELP.COM  
877.622.4866

## Iowa Mortgage Help Verified Budget

### Monthly Net Income Verified:

<b>Monthly Income and Expense Calculation</b>		Borrower		
Completed automatically if entered into Excel spreadsheet		Co-Borrower		
Total Net Income		Child Support or Alimony		
Total Monthly Expenses		Social Security Income		
Income less Expenses	<b>\$0.00</b>	Disability Income		
		Pension Income		
		Other Income		
		<b>Total Income</b>		<b>\$0.00</b>

Monthly Expenses as Verified by Counselor	Amount	PROPOSED	CHANGES	Notes
1st Mortgage Payment				
2nd Mortgage or Home Equity Loan				
Property Taxes (if not in payment)				
Property Insurance (if not in payment)				
Water				
Garbage				
Gas & Electric				
Auto Loan #1				
Auto Loan #2				
Auto Insurance				
Auto Fuel & Repairs				
Credit Card Payment(s)				
Groceries (not dining out)				
Clothing				
Telephone (not mobile phone)				
Health Care Costs				
Student Loans				
Home Repairs				
Home Supplies				
Laundry				
Childcare				
Other Dependent Expenses				
Cable or Satellite TV				
Mobile Phone (s)				
Entertainment & Dining Out				
Pets, Pet Care and Pet Food				
Internet Access				
Beer & Alcohol				
Cigarettes & Tobacco				
Miscellaneous expenses				
<b>Total Expenses</b>	<b>\$0.00</b>			

Signature	Date
Signature	Date

<b>Counselor Information - Information to use to complete the Budget and to send to IMS</b>	
2 pay stubs and 1st 2 page of 1040 tax return	2 most recent months bank statements
Calculation of Income Verification	Credit Report

**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 (    )
	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 Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
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
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
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
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
	801-620-6922

**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.